

# **EXHIBIT 5**

1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE DISTRICT OF NEW JERSEY

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4                   \_\_\_\_\_  
5   IN RE:   JOHNSON & JOHNSON                   )  
6   TALCUM POWER PRODUCTS MARKETING, ) MDL NO.  
7   SALES PRACTICES, AND PRODUCTS       ) 16-2738(MAS)(RLS)  
8   LIABILITY LITIGATION                   )

9  
10  
11                   DEPOSITION  
12                   OF  
13                   PATRICIA G. MOORMAN, Ph.D.

14  
15                   Tuesday, February 13, 2024

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17  
18  
19                   GOLKOW LITIGATION SERVICES, INC.  
20                   877.370.3377 ph | 917.591.5672 fax  
21                   deps@golkow.com  
22  
23  
24  
25

<p style="text-align: right;">Page 2</p> <p>1 DEPOSITION of PATRICIA G. MOORMAN,                  2 Ph.D., a witness in the above-entitled action,                  3 taken pursuant to notice, pursuant to the Federal                  4 Rules of Civil Procedure before CINDY A. HAYDEN,                  5 RMR, CRR, a Certified Shorthand Reporter, at The                  6 Carolina Inn, 211 Pittsboro Street, Chapel Hill,                  7 North Carolina, on the 13th day of February, 2024,                  8 at 9:05 a.m.                  9                  10                  11                  12                  13                  14                  15                  16                  17                  18                  19                  20                  21                  22                  23                  24                  25</p>	<p style="text-align: right;">Page 4</p> <p>1 INDEX                  2 PAGE                  3 EXAMINATION BY MS. DAVIDSON ..... 6                  4 EXAMINATION BY MS. PARFITT ..... 244                  5 EXAMINATION BY MS. DAVIDSON ..... 245                  6 EXAMINATION BY MS. PARFITT ..... 247                  7                  8 EXHIBITS                  9                  10 MOORMAN                  11 NUMBER DESCRIPTION PAGE                  12 EXHIBIT 1 Document titled Ovarian 25                  13 Cancer Risk Factors                  14 EXHIBIT 2 JAMA - Association of Powder 58                  15 Use in the Genital Area With                  16 Risk of Ovarian Cancer                  17 EXHIBIT 3 Addendum to Rule 26 Expert 69                  18 Report of Patricia G.                  19 Moorman, MSPH, Ph.D. dated                  20 11/16/18, Date: April 21,                  21 2021                  22 EXHIBIT 4 JAMA - Use of Powder in the 83                  23 Genital Area and Ovarian                  24 Cancer Risk, Examining the                  25 Evidence                  EXHIBIT 5 Reproductive Toxicology - 90                  Critical review of the                  association between perineal                  use of talc powder and risk                  of ovarian cancer                  EXHIBIT 6 Supplemental Expert Report of 104                  Patricia G. Moorman, MSPH,                  Ph.D., dated 11/15/23</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES:                  2 ASHCRAFT &amp; GEREL, LLP                  3 BY: MICHELLE A. PARFITT, ESQ.                  4 PATRICK LYONS, ESQ. (Remotely)                  5 1825 K Street, N.W.                  6 Washington, D.C. 20006                  7 202.783.6400                  8 mparfitt@ashcraftlaw.com                  9 Counsel for Plaintiffs                  10                  11 ~ And ~                  12 LEVIN PAPANTONIO RAFFERTY                  13 CHRISTOPHER V. TISI, ESQ. (Remotely)                  14 316 South Baylen St.                  15 Pensacola, FL 32502                  16 850.435.7000                  17 ctisi@levinlaw.com                  18                  19 ~ And ~                  20 GOLOMB &amp; HONIK, P.C.                  21 RICHARD GOLOMB, ESQ. (Remotely)                  22 1835 Market Street, Suite 2900                  23 Philadelphia, PA 19103                  24 215.985.9177                  25 rgolomb@golombhonik.com                  SKADDEN, ARPS, SLATE, MEAGHER &amp; FLOM LLP                  BY: JESSICA DAVIDSON, ESQ.                  ASHER TRANGLE, ESQ.                  One Manhattan West                  New York, NY 10001-8602                  212.735.2588                  jessica.davidson@skadden.com                  asher.trangle@skadden.com                  Counsel for Defendant</p>	<p style="text-align: right;">Page 5</p> <p>1 EXHIBIT 7 AACR - Genital Powder Use and 115                  2 Risk of Epithelial Ovarian                  3 Cancer in the Ovarian Cancer                  4 in Women of African Ancestry                  5 Consortium                  6 EXHIBIT 8 Effects of risk factors for 120                  7 ovarian cancer in women with                  8 and without endometriosis                  9 EXHIBIT 9 Supplemental Table 1 and 2 127                  10 Phung                  11 EXHIBIT 10 Association Between the 134                  12 Frequent Use of Perineal                  13 Talcum Powder Products and                  14 Ovarian Cancer: a Systematic                  15 Review and Meta-analysis                  16 EXHIBIT 11 Supplementary Table 1 153                  17 EXHIBIT 12 Markers of inflammation and 161                  18 risk of ovarian cancer in                  19 Los Angeles County                  20 EXHIBIT 13 Douching and Genital Talc 171                  21 Use: Patterns of Use and                  22 Reliability of Self-reported                  23 Exposure                  24 EXHIBIT 14 The Association Between Talc 173                  25 Use and Ovarian Cancer: A                  Retrospective Case-Control                  Study in Two US States                  EXHIBIT 15 Supplemental eTable 6 189                  EXHIBIT 16 Gynecologic Oncology - Talc, 211                  body powder, and ovarian                  cancer: A summary of the                  epidemiologic evidence                  EXHIBIT 17 Dr. Harlow's letter in 245                  response to the O'Brien paper</p>

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1 PROCEEDINGS  
 2 \* \* \*  
 3 PATRICIA G. MOORMAN, Ph.D.,  
 4 having been first duly sworn, was examined and  
 5 testified as follows:  
 6 \* \* \*  
 7 EXAMINATION  
 8 BY MS. DAVIDSON:  
 9 Q. Dr. Moorman, please state your full  
 10 name for the record.  
 11 A. My name is Patricia Gripka Moorman.  
 12 Q. What's the middle name?  
 13 A. Gripka, G-R-I-P-K-A.  
 14 Q. Is that your maiden name?  
 15 A. Yes, it is.  
 16 Q. You've been deposed before. I know  
 17 that because I've read your depositions. So I'm  
 18 going to forgo all the deposition rules. The main  
 19 thing is to make sure that I finish my question,  
 20 okay, and Michelle has enough time to object  
 21 before you answer. Although that seems so easy,  
 22 everyone messes it up. Okay. Other than that,  
 23 I'm just going to go straight into the  
 24 questioning.  
 25 I assume you met with Ms. Parfitt to

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1 prepare for this deposition?  
 2 A. I did.  
 3 Q. When was that?  
 4 A. I met with her yesterday afternoon. I  
 5 met with her for the originally scheduled  
 6 deposition last month. Those two times.  
 7 Q. And did she show you any documents  
 8 that you hadn't previously reviewed or listed as  
 9 materials you considered?  
 10 A. No, I don't believe so.  
 11 Q. Do you have any notes that you've  
 12 taken in this litigation?  
 13 A. No, I do not.  
 14 Q. Are you offering an opinion that  
 15 Johnson's Baby Powder contains asbestos?  
 16 A. My understanding is that there are  
 17 other experts who are testifying to that. I have  
 18 read documents that have indicated such. But my  
 19 opinion is that Johnson's Baby Powder causes  
 20 ovarian cancer regardless of the substances in it.  
 21 Q. Have you reviewed defendant's experts'  
 22 reports with respect to testing of Johnson's Baby  
 23 Powder for asbestos?  
 24 MS. PARFITT: Objection. Can you be  
 25 more specific? Which reports?

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1 MS. DAVIDSON: Any.  
 2 MS. PARFITT: Thank you.  
 3 THE WITNESS: I don't recall any -- I  
 4 don't recall reviewing any other.  
 5 BY MS. DAVIDSON:  
 6 Q. As a scientist, you'd agree that it's  
 7 important to evaluate all available evidence,  
 8 right?  
 9 A. Yes, it is important to review all the  
 10 evidence.  
 11 Q. Do you know how much money you've  
 12 earned thus far in talc litigation?  
 13 A. Well, it's -- as you know, I -- I did  
 14 work back starting probably about 2018 or so, and  
 15 I believe that I have submitted all of the  
 16 invoices. I -- I don't recall the total amount.  
 17 Q. Do you know if it's over or under  
 18 \$200,000?  
 19 A. Over how much?  
 20 Q. 200.  
 21 MS. PARFITT: Objection.  
 22 THE WITNESS: I -- I really --  
 23 MS. PARFITT: The -- objection. The  
 24 invoices have been submitted.  
 25 MS. DAVIDSON: I'm sorry. Let's just

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1 go off the record for one second because I  
 2 may be mistaken.  
 3 \* \* \*  
 4 (Whereupon, there was a recess in the  
 5 proceedings from 9:09 a.m. to 9:10 a.m.)  
 6 \* \* \*  
 7 MS. PARFITT: We have available for  
 8 you the invoices that have been submitted  
 9 to the MDL for her federal cases. The most  
 10 recent ones -- you should have everything  
 11 at the last deposition.  
 12 BY MS. DAVIDSON:  
 13 Q. We have all the MDL stuff. But my  
 14 question was: What's the total you've billed for  
 15 talc litigation?  
 16 MS. PARFITT: If she knows. We don't  
 17 have any other invoices here.  
 18 Trish, if you know. If you don't  
 19 know, don't guess.  
 20 THE WITNESS: I -- I don't know the  
 21 total. You know, you have the invoices for  
 22 the MDL litigation, the amount for the 2021  
 23 report. It was probably 40-ish hours that  
 24 I billed. I would -- but -- but that is an  
 25 estimate definitely.

<p style="text-align: right;">Page 10</p> <p>1 BY MS. DAVIDSON:</p> <p>2 Q. Okay. Who did you invoice for the</p> <p>3 2021 report?</p> <p>4 A. Steve Faries, who was at Mueller law</p> <p>5 firm in Texas had asked me to do that.</p> <p>6 Q. Okay.</p> <p>7 A. And I had submitted it to --</p> <p>8 Q. Oh, so that wasn't through Michelle.</p> <p>9 I didn't understand that. And then other than</p> <p>10 Kleiner, Ingham and MDL?</p> <p>11 A. Kleiner?</p> <p>12 Q. Kleiner is Philadelphia.</p> <p>13 A. Yeah.</p> <p>14 Q. Ingham is Missouri.</p> <p>15 MS. PARFITT: Okay. Just for the</p> <p>16 record, she has not submitted Kleiner or</p> <p>17 Ingham to the MDL, so we don't have --</p> <p>18 MS. DAVIDSON: That wasn't my</p> <p>19 question.</p> <p>20 MS. PARFITT: Well, we don't have the</p> <p>21 invoices, and she doesn't either.</p> <p>22 MS. DAVIDSON: I know, but that wasn't</p> <p>23 my question. You interrupted my question.</p> <p>24 You broke the one rule I made.</p> <p>25 MS. PARFITT: I'm sorry. I'm -- I'm</p>	<p style="text-align: right;">Page 12</p> <p>1 MS. DAVIDSON: Okay.</p> <p>2 MS. PARFITT: And so I don't know --</p> <p>3 MS. DAVIDSON: Okay. I'm sorry.</p> <p>4 BY MS. DAVIDSON:</p> <p>5 Q. When you said -- did you -- were you</p> <p>6 deposited in that case?</p> <p>7 A. No, I was not.</p> <p>8 Q. Okay. So other than Guthrie, Ingham</p> <p>9 and the MDL, have you provided a report or been</p> <p>10 deposited in any other talc case?</p> <p>11 A. No, I have not.</p> <p>12 Q. Okay. Perfect. We can move on.</p> <p>13 So our records show about 102,000 plus</p> <p>14 the 40 hours to get us to about 125,000?</p> <p>15 MR. TRANGLE: 118,000.</p> <p>16 BY MS. DAVIDSON:</p> <p>17 Q. Does that sound about right, \$120,000?</p> <p>18 MS. PARFITT: Objection.</p> <p>19 You can answer.</p> <p>20 THE WITNESS: You know, again, you --</p> <p>21 I have submitted those invoices. They're</p> <p>22 accurate to the best of my knowledge, but I</p> <p>23 do not recall the total sum. It does not</p> <p>24 sound, like, wildly out of whack, so -- but</p> <p>25 I -- I don't know how close it is.</p>
<p style="text-align: right;">Page 11</p> <p>1 trying to clarify.</p> <p>2 MS. DAVIDSON: My one rule.</p> <p>3 MS. PARFITT: I know. I'm trying to</p> <p>4 clarify, Jessica.</p> <p>5 MS. DAVIDSON: I know. Michelle and I</p> <p>6 are going to get along today.</p> <p>7 BY MS. DAVIDSON:</p> <p>8 Q. Other than Kleiner, Philadelphia;</p> <p>9 Ingham, Missouri; and the MDL, have you -- have</p> <p>10 you provided any testimony or reports in any other</p> <p>11 talc cases?</p> <p>12 A. The Kleiner -- I'm -- I do not recall</p> <p>13 that name. The name for the 2021 report was</p> <p>14 Guthrie.</p> <p>15 MS. DAVIDSON: Okay. I thought you</p> <p>16 had told me it was Kleiner.</p> <p>17 MS. PARFITT: No.</p> <p>18 MS. DAVIDSON: You said it was for</p> <p>19 Philadelphia.</p> <p>20 MS. PARFITT: No. It is Philadelphia.</p> <p>21 I have no idea which case it is.</p> <p>22 MS. DAVIDSON: Oh, it's another</p> <p>23 Philadelphia case.</p> <p>24 MS. PARFITT: So I don't know that</p> <p>25 case.</p>	<p style="text-align: right;">Page 13</p> <p>1 BY MS. DAVIDSON:</p> <p>2 Q. What percentage of your income over</p> <p>3 the last several years has come from talc</p> <p>4 litigation?</p> <p>5 A. Well, as you -- as you probably know</p> <p>6 if you looked at my CV, I retired from Duke</p> <p>7 University in summer of 2021. And so in terms of</p> <p>8 earned income, I have no income from talc in 2023,</p> <p>9 2022 -- I'm sorry. I misspoke a little bit. I</p> <p>10 think -- let's see. What was the invoice for? It</p> <p>11 was like 17,000?</p> <p>12 MS. PARFITT: And just so you know,</p> <p>13 Jessica, I'm showing her the two invoices,</p> <p>14 so --</p> <p>15 THE WITNESS: Right. Yeah.</p> <p>16 BY MS. DAVIDSON:</p> <p>17 Q. Uh-huh.</p> <p>18 MS. PARFITT: So --</p> <p>19 BY MS. DAVIDSON:</p> <p>20 Q. Let's just introduce this as a</p> <p>21 demonstrative, which is, we put your invoices on</p> <p>22 one page. That will make your life easier. This</p> <p>23 is all we've got.</p> <p>24 A. Okay. So, in 2023, it was \$17,000.</p> <p>25 And in terms of my earned income, that was the</p>

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1 bulk of it. But at this point, my income is  
 2 basically my retirement income. And this  
 3 represents, the 17,000, I would say probably  
 4 10 percent or less of my -- my -- our income.  
 5 Q. When you say "our income," you're  
 6 including your spouse's income?  
 7 A. Yes.  
 8 Q. Do you get a pension from Duke?  
 9 MS. PARFITT: Objection. Relevance.  
 10 And I'm going to object with regard to any  
 11 question regarding her pension. That's not  
 12 relevant.  
 13 MS. DAVIDSON: Okay. But I -- I have  
 14 a right to ask it. She said she has  
 15 unearned income.  
 16 BY MS. DAVIDSON:  
 17 Q. I'm just trying to understand. Is  
 18 that a pension from Duke that you're talking  
 19 about?  
 20 A. There is not a pension from Duke.  
 21 There was -- you know, throughout my career, I  
 22 contributed to 403(b) --  
 23 Q. Got it.  
 24 A. -- or whatever, and so there is some  
 25 income from that.

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1 Q. Got it.  
 2 And is the only other litigation that  
 3 you've been involved in the last few years Zantac?  
 4 A. Yes, it is.  
 5 Q. And do you know how much you've made  
 6 in the Zantac litigation?  
 7 A. Again, I do not recall the exact  
 8 amount. I know that I billed for several hundred  
 9 hours.  
 10 Q. You billed for several hundred hours?  
 11 A. Uh-huh.  
 12 Q. And was your rate 400 an hour?  
 13 A. Yes, it was.  
 14 Q. Are you still involved in Zantac  
 15 litigation?  
 16 A. No, I am not.  
 17 Q. When did you stop being involved?  
 18 A. The last -- I gave a deposition. I  
 19 think it was in October of 2022.  
 20 Q. Uh-huh.  
 21 A. And that was the last work that I did  
 22 with that.  
 23 Q. Are you aware that the federal court  
 24 excluded your testimony there?  
 25 A. I am aware that the testimony -- my

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1 testimony as well as the testimony of all of the  
 2 plaintiffs' experts were excluded, which I clearly  
 3 disagreed with, because the methodology that I  
 4 used is the same methodology that I've used in  
 5 this case, which has been approved by the court.  
 6 It's the same methodology that I used throughout  
 7 my career when I'm writing papers, writing grants,  
 8 reviewing papers, reviewing grants.  
 9 Q. And you've read that opinion?  
 10 A. I read -- yeah, a couple of years ago  
 11 I did read --  
 12 Q. The parts about you. It's a long  
 13 opinion, I understand.  
 14 A. Yeah.  
 15 Q. Is that what you're saying? You  
 16 focused in on --  
 17 A. Yeah, I read it a couple of years ago,  
 18 and I -- I can't say that I read every single word  
 19 of the opinion.  
 20 Q. I'm a lawyer. I thought the opinion  
 21 was long. Very thorough, but long.  
 22 Okay. So do you have any remaining  
 23 activities with UNC or Duke?  
 24 A. I am professor emerita in the  
 25 Department of Community -- yeah -- Family Medicine

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1 and Community Health. They changed their -- the  
 2 department name a few years ago. And -- so I have  
 3 some privileges in that regard.  
 4 I am included on e-mails and so  
 5 departmental meetings, seminars and such like  
 6 that. I have access to the Duke library. Since I  
 7 have retired, once in a while, not too often, I  
 8 will be asked could I review something. But  
 9 that's about it.  
 10 Q. Do you know Katie O'Brien?  
 11 A. I have never met her, to my knowledge.  
 12 I obviously have read several of her papers.  
 13 Q. She lives in the Research Triangle.  
 14 That's why I asked.  
 15 A. Right. Yeah.  
 16 Q. But you've never come across her  
 17 professionally?  
 18 A. No. I believe that she works at  
 19 NIEHS. I know some of the people in that group,  
 20 but I don't believe that I have ever met her.  
 21 Q. Have you ever spoken to her,  
 22 communicated with her by email?  
 23 A. No, I have not.  
 24 Q. Did you reach out to her with any  
 25 questions about any of her papers?



<p style="text-align: right;">Page 18</p> <p>1 A. No, I did not.</p> <p>2 Q. Are you still an adjunct professor at</p> <p>3 UNC?</p> <p>4 A. When I retired, I had stopped that as</p> <p>5 well.</p> <p>6 Q. So your CV says adjunct associate</p> <p>7 professor 2005 till present at UNC. That just</p> <p>8 needs to be updated?</p> <p>9 A. Yes, it does.</p> <p>10 Q. When did you stop doing that?</p> <p>11 A. The last time that I actually did any</p> <p>12 work related to that adjunct appointment was when</p> <p>13 I was on a dissertation committee that -- I want</p> <p>14 to say that it was probably like 2019 when she</p> <p>15 defended. It was pre-COVID.</p> <p>16 Q. When was the last time you taught a</p> <p>17 course?</p> <p>18 A. It's -- I'm not remembering the exact</p> <p>19 year. I -- probably about 2018, '19, something</p> <p>20 like that.</p> <p>21 Q. And what was that course?</p> <p>22 A. The course was called Evidence-Based</p> <p>23 Practice, and I actually taught Evidence-Based</p> <p>24 Practice 1 and 2. They -- these were courses for</p> <p>25 the physician assistant students. The physician</p>	<p style="text-align: right;">Page 20</p> <p>1 Q. Have you spoken in any public forum</p> <p>2 about talc and ovarian cancer since 2019?</p> <p>3 A. No, I have not.</p> <p>4 Q. Do you recall what the judge in Zantac</p> <p>5 said as to why she was excluding your opinions?</p> <p>6 A. It has been a couple of years since</p> <p>7 I've read that opinion. Right off the top of my</p> <p>8 head, I -- I can't remember a lot of the details.</p> <p>9 Q. Do you remember any of the details?</p> <p>10 A. Some of it was -- I cited some data</p> <p>11 related to the indium A in food products, and</p> <p>12 despite nutritional epidemiology being a</p> <p>13 well-respected field, I think that the judge did</p> <p>14 not like that we were using that as part of the --</p> <p>15 or that I was using that as part of my arguments.</p> <p>16 But generally, I -- the methodology,</p> <p>17 as I said before, is what I have used throughout</p> <p>18 my career, and I did not think that it was -- I</p> <p>19 didn't agree with that decision.</p> <p>20 Q. Have you reached out to any public</p> <p>21 health organizations about talc and ovarian cancer</p> <p>22 since 2019?</p> <p>23 A. To the extent that I speak through the</p> <p>24 publications, and so my -- as being a part of a</p> <p>25 co-author on another paper with talc, that was</p>
<p style="text-align: right;">Page 19</p> <p>1 assistant program was in my department, and so the</p> <p>2 first-year students took Evidence-Based Practice</p> <p>3 1, and the second-year students took EBP 2.</p> <p>4 Q. Did you mention talc in that course?</p> <p>5 A. I don't recall if I did. I certainly</p> <p>6 didn't emphasize it in any way.</p> <p>7 Q. Have you authored any publications</p> <p>8 concerning talc and ovarian cancer since January</p> <p>9 2019?</p> <p>10 A. Have I authored? Yes. I am a</p> <p>11 co-author on a paper. Colette Davis was the first</p> <p>12 author. And that was part of the Ovarian Cancer</p> <p>13 in Women of African Ancestry Consortium. And so I</p> <p>14 was a co-author on that paper.</p> <p>15 Q. Any other papers?</p> <p>16 A. Related to talc, no, I don't believe</p> <p>17 so.</p> <p>18 Q. Do you have any planned papers or</p> <p>19 papers under way with regard to talc?</p> <p>20 A. There is nothing in progress, no.</p> <p>21 Q. Have you ever published any papers</p> <p>22 about asbestos and ovarian cancer?</p> <p>23 A. No, I have not.</p> <p>24 Q. Do you have any plans to do so?</p> <p>25 A. Nothing that's in progress, no.</p>	<p style="text-align: right;">Page 21</p> <p>1 certainly considered by public health</p> <p>2 organizations. But have I directly addressed</p> <p>3 public -- a public health organization? No, I</p> <p>4 have not.</p> <p>5 Q. And when you say through your papers,</p> <p>6 you're talking about the Davis paper?</p> <p>7 A. Correct.</p> <p>8 Q. When was the last time you went on the</p> <p>9 ACOG website?</p> <p>10 A. I don't recall.</p> <p>11 Q. Have you ever been on the ACOG</p> <p>12 website?</p> <p>13 A. I'm sure I have over the course of my</p> <p>14 career.</p> <p>15 Q. Have you ever looked at what ACOG has</p> <p>16 to say about risk factors for ovarian cancer?</p> <p>17 A. I am sure I have at some point. I</p> <p>18 don't recall when I did that.</p> <p>19 Q. Are you aware they updated their FAQ</p> <p>20 for ovarian cancer in 2022?</p> <p>21 A. I don't recall seeing that, no.</p> <p>22 Q. Do you know whether they list talc as</p> <p>23 a risk factor for ovarian cancer?</p> <p>24 A. Like I said, I haven't -- I don't</p> <p>25 recall the last time I looked at their website.</p>

<p style="text-align: right;">Page 22</p> <p>1 So I -- I don't know what it says currently.</p> <p>2 Q. Are you aware that ACOG has a section</p> <p>3 on their FAQ with recommendations on how to reduce</p> <p>4 the risk for ovarian cancer?</p> <p>5 A. Again, it has been so long since I've</p> <p>6 looked at that website that I just -- I -- I don't</p> <p>7 know.</p> <p>8 Q. I believe you testified in 2019 that</p> <p>9 you disagreed with ACOG on the -- on its list of</p> <p>10 risk factors for ovarian cancer. Have you ever</p> <p>11 reached out to ACOG to express your view that you</p> <p>12 disagree with ACOG's views on ovarian cancer?</p> <p>13 A. I have not.</p> <p>14 Q. Does either Duke or UNC advise women</p> <p>15 not to use talc?</p> <p>16 MS. PARFITT: Objection.</p> <p>17 THE WITNESS: You're talking about</p> <p>18 universities, and I am not aware of</p> <p>19 anything at either university -- that I</p> <p>20 don't know what individual physicians tell</p> <p>21 their patients.</p> <p>22 BY MS. DAVIDSON:</p> <p>23 Q. Have you ever looked to see if either</p> <p>24 Duke Hospital or UNC Hospital has on their website</p> <p>25 a list of risk factors for ovarian cancer?</p>	<p style="text-align: right;">Page 24</p> <p>1 then I was going to say "for ovarian cancer." So</p> <p>2 just let's give ten seconds. It's better for</p> <p>3 Michelle, too, because then she can object.</p> <p>4 MS. PARFITT: She's a New Yorker. She</p> <p>5 speaks fast.</p> <p>6 THE WITNESS: Okay. Could you please</p> <p>7 restate it?</p> <p>8 BY MS. DAVIDSON:</p> <p>9 Q. No, it's fine. I think you got it.</p> <p>10 What I had said was: Have you ever</p> <p>11 reached out to either Duke Hospital or UNC</p> <p>12 Hospital to suggest that they add talc as a</p> <p>13 potential risk factor for ovarian cancer on their</p> <p>14 website?</p> <p>15 A. No, I have not.</p> <p>16 Q. Now we have a clear record.</p> <p>17 Okay. Are you familiar with SGO?</p> <p>18 A. Yes, I am.</p> <p>19 Q. Have you ever been on their website?</p> <p>20 A. I might have at some point. I don't</p> <p>21 recall.</p> <p>22 Q. Do you know if they list risk factors</p> <p>23 for ovarian cancer?</p> <p>24 A. As I said, I don't recall when I have</p> <p>25 been on their website.</p>
<p style="text-align: right;">Page 23</p> <p>1 A. I am not aware of that at -- at Duke.</p> <p>2 I have never looked at UNC.</p> <p>3 Q. Just to be clear, you don't know</p> <p>4 whether Duke or UNC has a web -- either one has a</p> <p>5 website on which either hospital lists risk</p> <p>6 factors for ovarian cancer?</p> <p>7 A. I am not aware of any.</p> <p>8 Q. Have you ever contacted Duke or</p> <p>9 UNC Hospital and suggested that they add talc as a</p> <p>10 potential risk factor on their websites --</p> <p>11 A. I have not.</p> <p>12 Q. I was in the middle of my question.</p> <p>13 That's no big deal.</p> <p>14 A. I'm sorry.</p> <p>15 Q. Let's just try to make sure that I</p> <p>16 finish my question, just for the court reporter.</p> <p>17 So did you get the full question?</p> <p>18 I mean, you had -- you guessed</p> <p>19 correctly what the question was. I'm just</p> <p>20 worried about a clear record.</p> <p>21 A. I'm sorry. I thought that you were</p> <p>22 finished.</p> <p>23 MS. PARFITT: I did, too, Jessica.</p> <p>24 BY MS. DAVIDSON:</p> <p>25 Q. I just said "as a risk factor," and</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. Well, why don't we take a look at it,</p> <p>2 then.</p> <p>3 MS. DAVIDSON: Let's mark that as</p> <p>4 Exhibit 1.</p> <p>5 (MOORMAN EXHIBIT 1, Document titled</p> <p>6 Ovarian Cancer Risk Factors, was marked for</p> <p>7 identification.)</p> <p>8 MS. PARFITT: Jessica, I don't see a</p> <p>9 date on this. I may have missed it.</p> <p>10 MR. TRANGLE: There's not on the</p> <p>11 website.</p> <p>12 MS. PARFITT: So if we could just have</p> <p>13 a representation of what date.</p> <p>14 MR. TRANGLE: It's in January 2024.</p> <p>15 MS. PARFITT: January 2024. Is there</p> <p>16 a specific date in January 2024? You knew</p> <p>17 I was going to ask you that.</p> <p>18 MR. TRANGLE: Yeah.</p> <p>19 MS. DAVIDSON: You can access it now.</p> <p>20 Make sure it hasn't changed, Asher, while</p> <p>21 we're talking about it.</p> <p>22 MR. TRANGLE: I can do that as well.</p> <p>23 BY MS. DAVIDSON:</p> <p>24 Q. Do you see talc on the list of risk</p> <p>25 factors?</p>



<p style="text-align: right;">Page 26</p> <p>1 A. Let me look through.</p> <p>2 MS. PARFITT: What exhibit is this?</p> <p>3 THE REPORTER: 1.</p> <p>4 MS. DAVIDSON: Asher has just</p> <p>5 represented that it has not changed as of</p> <p>6 today, which is February 13, 2024.</p> <p>7 MS. PARFITT: All right. So Exhibit 1</p> <p>8 is a reflection of what appears on the</p> <p>9 website for SGO as of --</p> <p>10 MR. TRANGLE: February --</p> <p>11 MS. PARFITT: -- February 13th --</p> <p>12 thank you -- 2024. Thank you.</p> <p>13 THE WITNESS: No, this list of risk</p> <p>14 factors does not include talc.</p> <p>15 BY MS. DAVIDSON:</p> <p>16 Q. Do you disagree with the SGO's</p> <p>17 decision not to list talc here?</p> <p>18 A. I don't know what their process is for</p> <p>19 making these determinations. I -- I agree with</p> <p>20 Health Canada, which went through a very thorough</p> <p>21 systematic review of the literature and came to</p> <p>22 the conclusion that it was a risk factor. I don't</p> <p>23 know that they have gone through a similar process</p> <p>24 to arrive at that.</p> <p>25 Q. Have you -- have you contacted SGO to</p>	<p style="text-align: right;">Page 28</p> <p>1 mean, we'll bring it up later. I'm just -- I'm</p> <p>2 just wondering if you have reached out to the NCI</p> <p>3 PDQ to suggest that they revise what they have</p> <p>4 written about talc.</p> <p>5 A. I have not. You know, I hope that we</p> <p>6 will talk about that more, because I think that</p> <p>7 their description of what they've put in their</p> <p>8 report I think is not a thorough review of the</p> <p>9 evidence. I think that there is some</p> <p>10 contradictory information, not only within the</p> <p>11 talc statement, but also I think that there is</p> <p>12 some contradiction or some inconsistency in the --</p> <p>13 what they consider adequate evidence for other</p> <p>14 risk factors as compared to talc.</p> <p>15 Q. Have you ever reached out to anyone</p> <p>16 involved in the NCI PDQ to share this opinion?</p> <p>17 A. No, I have not.</p> <p>18 Q. When you talk about other risk</p> <p>19 factors, are you talking about breastfeeding?</p> <p>20 MS. PARFITT: Objection to form.</p> <p>21 THE WITNESS: That is one of the --</p> <p>22 well, it's actually a protective factor.</p> <p>23 That is not particularly what I had in</p> <p>24 mind.</p> <p>25 BY MS. DAVIDSON:</p>
<p style="text-align: right;">Page 27</p> <p>1 find out what process they did go through?</p> <p>2 A. No, I have not.</p> <p>3 Q. Have you contacted SGO to tell them</p> <p>4 you disagree with them?</p> <p>5 A. No, I have not.</p> <p>6 Q. We've talked about the NCI PDQ with</p> <p>7 you before. When I say "we," that's a collective</p> <p>8 royal "we." Whoever deposed you in 2019 -- I</p> <p>9 believe it was Scott James at Shook Hardy -- you</p> <p>10 guys talked about NCI's PDQ. Do you recall that?</p> <p>11 A. Vaguely. Yes, I do vaguely recall.</p> <p>12 Q. And you're aware that that PDQ was</p> <p>13 updated in 2023?</p> <p>14 MS. PARFITT: Objection.</p> <p>15 THE WITNESS: I am. And I'm aware</p> <p>16 that it has been updated. I don't know the</p> <p>17 exact date when it was updated.</p> <p>18 BY MS. DAVIDSON:</p> <p>19 Q. And you're aware that as of that</p> <p>20 update, which was October 2023, the NCI PDQ says</p> <p>21 there's inadequate evidence of an association,</p> <p>22 correct?</p> <p>23 A. Could we bring up that document since</p> <p>24 you brought it up?</p> <p>25 Q. Yeah, I don't have any other -- I</p>	<p style="text-align: right;">Page 29</p> <p>1 Q. At your last deposition, you mentioned</p> <p>2 breastfeeding as -- you're right, it's a</p> <p>3 protective factor, but as a factor -- let's say,</p> <p>4 as a factor which you thought there was equal</p> <p>5 evidence. Are there other factors you have in</p> <p>6 mind?</p> <p>7 MS. PARFITT: Objection. Form.</p> <p>8 THE WITNESS: Yes, there are at least</p> <p>9 two other factors that I can think of.</p> <p>10 BY MS. DAVIDSON:</p> <p>11 Q. What are those two factors?</p> <p>12 A. The -- again, it would be very helpful</p> <p>13 if we could --</p> <p>14 MS. DAVIDSON: We're going to look at</p> <p>15 the PDQ later. She said she has two</p> <p>16 factors in mind. I want to know what those</p> <p>17 are, and then we'll look at the --</p> <p>18 MS. PARFITT: Okay.</p> <p>19 MS. DAVIDSON: -- PDQ later.</p> <p>20 MS. PARFITT: Jessica, we can do it --</p> <p>21 your deposition. Believe me --</p> <p>22 MS. DAVIDSON: Correct.</p> <p>23 MS. PARFITT: -- I'm not trying to</p> <p>24 control it. But if you're going to talk</p> <p>25 about that -- it was fine to ask the</p>

<p style="text-align: right;">Page 30</p> <p>1 question about whether or not she has                  2 complained to them about --                  3 MS. DAVIDSON: I understand.                  4 MS. PARFITT: -- her opinion --                  5 MS. DAVIDSON: But she just said, I                  6 have two factors in mind.                  7 MS. PARFITT: She can identify them --                  8 MS. DAVIDSON: Yeah.                  9 MS. PARFITT: -- but that's all she'll                  10 do.                  11 MS. DAVIDSON: And that's all I want.                  12 MS. PARFITT: If there's any further                  13 explanation --                  14 MS. DAVIDSON: Yeah. I'm not --                  15 MS. PARFITT: -- we'll wait till you                  16 have the document --                  17 MS. DAVIDSON: Correct.                  18 MS. PARFITT: -- in front of you.                  19 MS. DAVIDSON: I completely agree.                  20 We're on the same page.                  21 THE WITNESS: Okay. One of them is                  22 the DMPA, the depot medroxyprogesterone                  23 acetate.                  24 BY MS. DAVIDSON:                  25 Q. Uh-huh. And the other?</p>	<p style="text-align: right;">Page 32</p> <p>1 Q. Have you taken a look at the CDC                  2 website to see the list of risk factors they have                  3 for ovarian cancer?                  4 A. I have. I don't remember the last                  5 time I looked at it.                  6 Q. The last time you looked, was talc on                  7 the list?                  8 MS. PARFITT: Objection.                  9 THE WITNESS: I don't remember                  10 specifically. I just don't remember.                  11 BY MS. DAVIDSON:                  12 Q. Do you believe the CDC should have                  13 talc listed as a risk factor for ovarian cancer?                  14 A. It is my opinion that talc is a risk                  15 factor for ovarian cancer. And, yes, I would -- I                  16 think that it would be a good thing to include.                  17 Q. Have you ever reached out to the CDC                  18 and told them that?                  19 A. I have not.                  20 Q. So just to make sure I've got your                  21 testimony right, you've never reached out to ACOG,                  22 SGO, NCI PDQ, CDC, Duke or North Carolina to                  23 suggest that any of them add talc as a risk factor                  24 for ovarian cancer, correct?                  25 A. I have not. I feel like my -- my work</p>
<p style="text-align: right;">Page 31</p> <p>1 A. The other one is obesity --                  2 Q. Okay. Got it.                  3 A. -- or body mass index.                  4 Q. Thanks. Those were all my questions.                  5 Are you familiar with the CDC?                  6 A. Yes, I am.                  7 Q. Is that a highly respected                  8 organization?                  9 A. Generally, yes.                  10 Q. Is ACOG a highly respected                  11 organization?                  12 A. Yes. Generally, it is.                  13 Q. Is SGO a highly respected                  14 organization?                  15 A. I would say, generally, it is, yes.                  16 Q. The CDC is considered a respected                  17 authority on public health issues, right?                  18 A. Please repeat that.                  19 MS. DAVIDSON: Did you get it?                  20 THE REPORTER: Yes.                  21 (The following question was read back:                  22 Q: The CDC is considered a respected                  23 authority on public health issues, right?)                  24 THE WITNESS: Generally, yes.                  25 BY MS. DAVIDSON:</p>	<p style="text-align: right;">Page 33</p> <p>1 speaks for itself.                  2 Q. And when you say your work, you're                  3 referring to the Davis paper?                  4 A. I'm referring not only to that --                  5 that's the most recent one -- but also the                  6 previous papers published related to talc.                  7 Q. And what are those previous papers?                  8 A. The -- Schildkraut was the first                  9 author. That was 2016-ish. And then also                  10 published a paper from the North Carolina ovarian                  11 cancer study much earlier that also provided data                  12 on talc and ovarian cancer. That was probably, I                  13 don't know, 2009-ish.                  14 Q. In the Schildkraut paper, in the                  15 conclusions, did you guys state that talc causes                  16 ovarian cancer?                  17 MS. PARFITT: Can she have a copy?                  18 MS. DAVIDSON: She wrote it.                  19 MS. PARFITT: Jessica, she may have                  20 written it, but it was back in 2016.                  21 MS. DAVIDSON: Okay.                  22 MS. PARFITT: Do you think it's                  23 fair --                  24 BY MS. DAVIDSON:                  25 Q. Do you recall -- do you recall whether</p>

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1 the Schildkraut paper states that talc causes  
 2 ovarian cancer?  
 3 MS. PARFITT: Let's get the paper.  
 4 MS. DAVIDSON: Michelle, it's my  
 5 deposition. I will give her the article if  
 6 we're asking any further --  
 7 THE WITNESS: May I --  
 8 MS. DAVIDSON: -- questions beyond  
 9 this one.  
 10 THE WITNESS: May I see?  
 11 MS. DAVIDSON: I'm just asking if she  
 12 recalls.  
 13 MS. PARFITT: She's asking for it.  
 14 BY MS. DAVIDSON:  
 15 Q. Do you recall, sitting here,  
 16 whether --  
 17 A. I would like to --  
 18 MS. PARFITT: She's asked for the  
 19 paper, Jessica.  
 20 THE WITNESS: I would just like to --  
 21 MS. DAVIDSON: I just want to know if  
 22 she recalls. If the answer is no, we'll  
 23 move on, and we can look at the paper  
 24 later.  
 25 MS. PARFITT: The other response could

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1 be that I can't respond to your question  
 2 because you won't give me the paper.  
 3 MS. DAVIDSON: That -- that's called  
 4 coaching the witness.  
 5 MS. PARFITT: Well --  
 6 BY MS. DAVIDSON:  
 7 Q. Do you recall, sitting here today,  
 8 without looking at the paper whether it states  
 9 that talc causes ovarian cancer?  
 10 MS. PARFITT: The witness has asked  
 11 for the paper.  
 12 MS. DAVIDSON: I understand.  
 13 MS. PARFITT: Counsel, as a  
 14 courtesy --  
 15 MS. DAVIDSON: Okay.  
 16 MS. PARFITT: -- could you please give  
 17 her the paper, and she'll give you a  
 18 response to your question. I assure she  
 19 will.  
 20 MS. DAVIDSON: And then if I ask any  
 21 further questions about the paper beyond  
 22 this one, I will show her the paper.  
 23 MS. PARFITT: No.  
 24 BY MS. DAVIDSON:  
 25 Q. I would just like to know whether

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1 sitting here today --  
 2 MS. DAVIDSON: Are you instructing her  
 3 not to answer?  
 4 MS. PARFITT: I am instructing her to  
 5 answer a question when the witness has said  
 6 to you, Counsel, I would like to have a  
 7 copy of the paper and I'll answer --  
 8 MS. DAVIDSON: I understand.  
 9 MS. PARFITT: -- your one question,  
 10 and you refuse to give it to her.  
 11 MS. DAVIDSON: Because I just --  
 12 MS. PARFITT: Just hand her the paper.  
 13 MS. DAVIDSON: I wanted to know what  
 14 she recalls.  
 15 BY MS. DAVIDSON:  
 16 Q. Do you recall whether the  
 17 Schildkraut --  
 18 MS. PARFITT: It's not a memory test.  
 19 MS. DAVIDSON: Okay. Thank you.  
 20 MS. PARFITT: It's not a memory test.  
 21 BY MS. DAVIDSON:  
 22 Q. Do you recall whether the Schildkraut  
 23 paper says in its conclusion that talc causes  
 24 ovarian cancer?  
 25 MS. PARFITT: If you can answer that

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1 question.  
 2 THE WITNESS: I do not recall the  
 3 exact phrasing that we used. I -- I  
 4 believe that we certainly -- the conclusion  
 5 indicated that we found increased risk of  
 6 ovarian cancer. The exact phrasing, I  
 7 don't recall. It's a paper, as we know,  
 8 that was published seven years ago.  
 9 BY MS. DAVIDSON:  
 10 Q. The same question as to Davis: Do you  
 11 recall in Davis, a much more recent paper, whether  
 12 you said in the conclusion that talc causes  
 13 ovarian cancer?  
 14 MS. PARFITT: Jessica, I am going to  
 15 object. I really want --  
 16 MS. DAVIDSON: These --  
 17 MS. PARFITT: -- this to go in a  
 18 conciliatory manner.  
 19 MS. DAVIDSON: Okay.  
 20 MS. PARFITT: I really do. This is --  
 21 why don't you just show her the paper.  
 22 MS. DAVIDSON: Okay, Michelle. I will  
 23 when we get into these topics with more  
 24 detail. Right now, I'm just asking a very  
 25 general question --

<p style="text-align: right;">Page 38</p> <p>1 MS. PARFITT: It's --</p> <p>2 MS. DAVIDSON: -- whether you recall</p> <p>3 whether Davis concludes that talc causes</p> <p>4 ovarian cancer --</p> <p>5 MS. PARFITT: I'm going to object --</p> <p>6 MS. DAVIDSON: -- and the simple</p> <p>7 answer is "no" if she doesn't recall,</p> <p>8 Michelle.</p> <p>9 MS. PARFITT: It's not a question --</p> <p>10 MS. DAVIDSON: Michelle --</p> <p>11 MS. PARFITT: -- of whether she</p> <p>12 recalls, Jessica.</p> <p>13 MS. DAVIDSON: But that's my question.</p> <p>14 MS. PARFITT: But she's telling you --</p> <p>15 MS. DAVIDSON: Okay.</p> <p>16 MS. PARFITT: -- she can answer the</p> <p>17 question accurately if you give her --</p> <p>18 MS. DAVIDSON: Okay.</p> <p>19 MS. PARFITT: -- the paper. Isn't</p> <p>20 that what you want?</p> <p>21 BY MS. DAVIDSON:</p> <p>22 Q. My question is whether you recall that</p> <p>23 about Davis.</p> <p>24 MS. PARFITT: If you can't answer</p> <p>25 without the paper, tell her.</p>	<p style="text-align: right;">Page 40</p> <p>1 take it to the judge.</p> <p>2 MS. DAVIDSON: We will do so.</p> <p>3 Let's take a break.</p> <p>4 MS. PARFITT: Yes.</p> <p>5 * * *</p> <p>6 (Whereupon, there was a recess in the</p> <p>7 proceedings from 9:43 a.m. to 9:50 a.m.)</p> <p>8 * * *</p> <p>9 BY MS. DAVIDSON:</p> <p>10 Q. Dr. Moorman, can you recall, sitting</p> <p>11 here today, any paper you have ever published</p> <p>12 outside the litigation in which you state that</p> <p>13 talc causes ovarian cancer?</p> <p>14 MS. PARFITT: Objection.</p> <p>15 THE WITNESS: I -- what is more</p> <p>16 typical in papers -- in the papers that we</p> <p>17 write, we describe what is -- whether talc</p> <p>18 shows increased risk and so on.</p> <p>19 There is actually quite a literature</p> <p>20 about using the word "cause." Sometimes</p> <p>21 people will object to using the word</p> <p>22 "cause" if it does not come from a</p> <p>23 randomized control trial.</p> <p>24 The literature -- one author who</p> <p>25 discussed this -- I believe his last name</p>
<p style="text-align: right;">Page 39</p> <p>1 MS. DAVIDSON: That's the question,</p> <p>2 "Do you recall?" If she can't recall</p> <p>3 without the paper, the answer is "no."</p> <p>4 MS. PARFITT: There's -- don't even</p> <p>5 ask the question.</p> <p>6 MS. DAVIDSON: Okay.</p> <p>7 BY MS. DAVIDSON:</p> <p>8 Q. Okay. Do you recall in the Davis</p> <p>9 paper, which is quite recent, whether the authors,</p> <p>10 including you, conclude that talc causes ovarian</p> <p>11 cancer?</p> <p>12 MS. PARFITT: I am going to instruct</p> <p>13 you not to answer the question.</p> <p>14 If you want to take that one to the</p> <p>15 judge, I'll be happy to do that, too, and</p> <p>16 indicated to counsel she asked for the</p> <p>17 paper; you won't give it to her. How do</p> <p>18 you want to go?</p> <p>19 BY MS. DAVIDSON:</p> <p>20 Q. Are you refusing to answer that</p> <p>21 question, whether you recall that?</p> <p>22 MS. PARFITT: I'm telling her not to</p> <p>23 answer the question if you won't give her</p> <p>24 the document.</p> <p>25 Don't answer. Put it down. We can</p>	<p style="text-align: right;">Page 41</p> <p>1 was Hernan -- talked about that is a</p> <p>2 disservice, because, of course, when we are</p> <p>3 doing observational epidemiology, when</p> <p>4 we're looking at risk factors, we are</p> <p>5 trying to identify causes of disease.</p> <p>6 And -- so this literature actually</p> <p>7 advocated more use of what he termed as the</p> <p>8 "C-word."</p> <p>9 But generally, it is more common</p> <p>10 that -- described we observed increased</p> <p>11 risk, for example, with talc use in ovarian</p> <p>12 cancer.</p> <p>13 BY MS. DAVIDSON:</p> <p>14 Q. So that's a "no," you have never</p> <p>15 actually published a paper outside this litigation</p> <p>16 that states talc causes ovarian cancer --</p> <p>17 MS. PARFITT: Objection.</p> <p>18 BY MS. DAVIDSON:</p> <p>19 Q. -- correct?</p> <p>20 MS. PARFITT: She's answered the</p> <p>21 question.</p> <p>22 MS. DAVIDSON: You -- you interrupted</p> <p>23 me.</p> <p>24 MS. PARFITT: Sorry about that. Are</p> <p>25 you done? Object --</p>

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1 BY MS. DAVIDSON:  
 2 Q. Do you need me to repeat the question  
 3 since it was interrupted?  
 4 A. Please repeat the question.  
 5 MS. DAVIDSON: Can you repeat it?  
 6 (The following question was read back:  
 7 Q: So that's a "no," you have never  
 8 actually published a paper outside this  
 9 litigation that states talc causes ovarian  
 10 cancer, correct?)  
 11 MS. PARFITT: Objection. Asked and  
 12 answered.  
 13 THE WITNESS: I -- I believe that I  
 14 did answer the question that I --  
 15 BY MS. DAVIDSON:  
 16 Q. Okay. So Michelle's objections are  
 17 for the record. They're not intended to coach --  
 18 they are not supposed to coach you in your answer.  
 19 I'm -- I'm allowed to ask the question  
 20 differently, and I want to make sure I have your  
 21 testimony clear. So can you please answer the  
 22 question?  
 23 A. Okay.  
 24 MS. PARFITT: Objection.  
 25 THE WITNESS: I do not recall writing

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1 a paper outside of this litigation where I  
 2 said that talc causes ovarian cancer.  
 3 BY MS. DAVIDSON:  
 4 Q. Thank you. We can move on, then.  
 5 Could you remind me the name of the  
 6 lawyer who you worked with on your 2021 report?  
 7 A. His name was Steve Faries, spelled  
 8 F-A-R-I-E-S.  
 9 Q. And were the MDL lawyers involved at  
 10 all in that report?  
 11 A. The only person I recall speaking with  
 12 on that was Mr. Faries.  
 13 Q. Did you share that report with MDL  
 14 lawyers in 2021?  
 15 A. I did not.  
 16 Q. When did you first share that report  
 17 to MDL lawyers?  
 18 A. Probably sometime in 2023. I had  
 19 essentially no contact with the MDL lawyers while  
 20 all the bankruptcy stuff was going on.  
 21 Q. Did you follow the bankruptcy in the  
 22 class?  
 23 A. I read some news articles about it.  
 24 Yes, I did.  
 25 Q. So your first MDL report was dated

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1 2018, I think; is that right? 2018?  
 2 MS. PARFITT: November 16th, 2018.  
 3 THE WITNESS: That sounds right.  
 4 BY MS. DAVIDSON:  
 5 Q. Have you conducted a new Bradford Hill  
 6 analysis since then?  
 7 MS. PARFITT: Objection. Form.  
 8 You can answer.  
 9 THE WITNESS: No. I -- there has been  
 10 some additions to the data, but generally,  
 11 I think that the new data support the  
 12 conclusions that I -- that I made from that  
 13 original Bradford Hill analysis.  
 14 BY MS. DAVIDSON:  
 15 Q. But there's nowhere I can go to see a  
 16 revised or updated Bradford Hill analysis, right?  
 17 A. No.  
 18 MS. PARFITT: Objection. Form.  
 19 BY MS. DAVIDSON:  
 20 Q. Okay. I see you brought two binders  
 21 today.  
 22 A. Yes.  
 23 Q. What are those binders?  
 24 A. These binders contain the updated  
 25 reports, the one from 2021, the one from 2023 and

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1 the -- largely, the articles that were cited or  
 2 some papers that I was aware of that had been  
 3 published since 2019.  
 4 Q. And who put those binders together?  
 5 A. They were put together by Michelle's  
 6 office. You know, I had provided largely -- you  
 7 know, these were the articles, and they -- they  
 8 assembled the binders.  
 9 Q. And do you have notes in there?  
 10 A. No, I do not.  
 11 Q. Do you have an updated list of  
 12 materials considered?  
 13 A. A complete merging what -- from  
 14 everything from the --  
 15 Q. Everything you've considered in the  
 16 MDL proceeding.  
 17 A. I have this list of references that  
 18 are in these binders. It is not combined into a  
 19 single list with what I had -- had previously been  
 20 submitted back when I have been deposed  
 21 previously.  
 22 MS. PARFITT: And for the record,  
 23 Jessica, there were probably two Dropboxes.  
 24 One back in 2018, when she was deposed in  
 25 2019, we provided a very complete Dropbox



<p style="text-align: right;">Page 46</p> <p>1 of all the articles. And then again in                  2 2023, we've also provided you with a                  3 Dropbox of all the articles --                  4 MS. DAVIDSON: But you don't have a                  5 list? You never put them on a list.                  6 MS. PARFITT: It is a list. It is a                  7 list. If you go to your -- if you go to --                  8 MS. DAVIDSON: It's not a list. It's                  9 just a bunch of articles, according to                  10 Asher.                  11 MS. PARFITT: Well, it's --                  12 MS. DAVIDSON: I mean, we made our own                  13 list.                  14 MS. PARFITT: Well, it's -- it's -- I                  15 would call it a list. Our office put                  16 together a list. What you have in that                  17 Dropbox is a collection of articles.                  18 MS. DAVIDSON: But you don't have a                  19 piece of paper that says "Materials                  20 Reviewed" like we usually do for an expert.                  21 MS. PARFITT: It was a Dropbox. I                  22 didn't prepare it. It was a Dropbox of all                  23 the articles. Maybe it didn't have perfect                  24 titles to -- I mean, didn't have a specific                  25 title --</p>	<p style="text-align: right;">Page 48</p> <p>1 neutral author than one published by a defense                  2 expert?                  3 MS. PARFITT: Objection.                  4 THE WITNESS: I will tell you what I                  5 taught my students when I would teach them                  6 how to read a paper and going through the                  7 various parts of the paper, including the                  8 acknowledgments, the funding sources.                  9 I said, if there is some mention of,                  10 like, a drug study funded by Big Pharma or                  11 someone working as a consultant, it is                  12 important to note that, but they should not                  13 disregard the findings of that paper just                  14 on that basis.                  15 They should do -- just look at it like                  16 any other paper, the methodology, how they                  17 report the findings, their interpretation                  18 of the findings. And if there is anything                  19 that seems concerning, they should take                  20 that into account, but it's not a reason to                  21 discount the findings from a paper.                  22 BY MS. DAVIDSON:                  23 Q. Do you give any more weight when                  24 you're reviewing a study to one where the authors                  25 don't have any ties to litigation?</p>
<p style="text-align: right;">Page 47</p> <p>1 MS. DAVIDSON: We couldn't find, like,                  2 a materials reviewed list.                  3 MS. PARFITT: Gotcha. Okay. I                  4 think --                  5 MS. DAVIDSON: If there was one,                  6 that's what I'm asking.                  7 MS. PARFITT: Yeah, I don't believe                  8 there was.                  9 MS. DAVIDSON: Okay.                  10 MS. PARFITT: It was just a Dropbox of                  11 all the materials. I think that's what we                  12 received from you-all as well, not always                  13 an assembly of a list of them in addition                  14 to the documents.                  15 BY MS. DAVIDSON:                  16 Q. Do you agree that whenever you're                  17 reviewing scientific literature it's important to                  18 know potential sources of bias?                  19 A. Yes, it is important to consider                  20 potential sources of bias. Yes.                  21 Q. Are conflicts of interest a potential                  22 source of bias?                  23 A. A potential source of bias, yes.                  24 Q. All things being equal, would you have                  25 fewer bias concerns with a paper published by a</p>	<p style="text-align: right;">Page 49</p> <p>1 A. I think that I look at the                  2 methodology. I -- I just look at -- that weighs                  3 more than any of the -- you know, who it's funded                  4 by or anything. Is their methodology, their                  5 interpretation appropriate? That's what I give                  6 weight to.                  7 Q. Did you numerically assign grades to                  8 the various epidemiological studies on talc?                  9 A. Did I assign grades to --                  10 Q. What grades or weights -- like, is --                  11 is there a way for me to know how you weighed each                  12 study, like a quantitative weighing?                  13 A. No. I -- I did not.                  14 Q. So someone reading your report -- is                  15 there a way for someone reading your report to                  16 know which studies you assigned more weight to and                  17 which studies you assigned less weight to?                  18 MS. PARFITT: Objection.                  19 THE WITNESS: I provided a narrative                  20 of what I considered strengths and                  21 limitations of the studies, and if I had                  22 concerns about a study, I tried to use -- I                  23 tried to explain why I had concerns about a                  24 given study.                  25 BY MS. DAVIDSON:</p>



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1 Q. Are you aware of any letter to the  
 2 editor of any scientific journal about talc and  
 3 ovarian cancer written by somebody who's not  
 4 plaintiff's expert?  
 5 MS. PARFITT: Objection.  
 6 THE WITNESS: I have seen some letters  
 7 to the editor like that, yes.  
 8 BY MS. DAVIDSON:  
 9 Q. And can you recall what they are?  
 10 A. Right offhand, I can't recall the  
 11 authors, no, not off the top of my head.  
 12 Q. When do you recall seeing a letter to  
 13 the editor of a journal involving talc and ovarian  
 14 cancer that was not written by a plaintiff's  
 15 expert?  
 16 MS. PARFITT: Asked and answered.  
 17 THE WITNESS: I'm -- you're asking me  
 18 to recall when and -- I mean, I read the  
 19 literature on a routine basis. When did  
 20 I -- I see it? I -- I don't know. I can't  
 21 give an answer to that.  
 22 BY MS. DAVIDSON:  
 23 Q. But you're confident that such a  
 24 letter exists?  
 25 A. I feel like I have read letters to the

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1 editor, yes, yeah.  
 2 Q. You feel like you have read letters to  
 3 the editor that were not by a plaintiff's expert?  
 4 A. Yes.  
 5 Q. Do you recall whether any of the  
 6 letters involving the O'Brien paper involved  
 7 plaintiffs' experts? I'm sorry. That was not a  
 8 good question.  
 9 Do you recall whether anyone who is  
 10 not a plaintiff's expert has written a letter to  
 11 the editor regarding O'Brien?  
 12 A. I -- I don't -- I don't recall. I  
 13 just -- I don't know. And, you know -- and, also,  
 14 there are numerous -- more than one paper by  
 15 O'Brien, and so I don't know --  
 16 Q. Any O'Brien paper. Do you know  
 17 whether anybody has ever written a letter to an  
 18 editor with respect to any O'Brien paper who is  
 19 not a plaintiff's expert?  
 20 MS. PARFITT: Objection.  
 21 THE WITNESS: I don't know the answer  
 22 to that.  
 23 BY MS. DAVIDSON:  
 24 Q. Is O'Brien an expert in this  
 25 litigation?

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1 A. O'Brien? I truly do not know the full  
 2 list of experts. I don't -- to my knowledge, she  
 3 is not, but I don't know.  
 4 Q. When you read the O'Brien, Wentzensen  
 5 papers, did you look to see whether they had any  
 6 conflicts of interest?  
 7 A. I probably did when I read the paper.  
 8 That's part of what I typically do. I don't  
 9 recall whether they reported any conflicts of  
 10 interest. At this moment, I don't recall.  
 11 Q. Would that have weighed into your  
 12 evaluation of the O'Brien, Wentzensen papers?  
 13 MS. PARFITT: Objection. Form.  
 14 THE WITNESS: It is just -- as I  
 15 stated before, that is a factor that is  
 16 considered, but it is not -- if it's a good  
 17 paper, it doesn't matter. I mean, if, you  
 18 know, there -- I would, again, review the  
 19 methodology, how they described results,  
 20 their interpretation of it, and that would  
 21 be -- drive my opinion more so than who  
 22 might be supporting any of the work or any  
 23 potential conflicts of interest.  
 24 BY MS. DAVIDSON:  
 25 Q. Had you heard of Dr. O'Brien before

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1 this litigation?  
 2 A. If I'm not mistaken, she might have  
 3 done her Ph.D. work at UNC. I'm not absolutely  
 4 sure. And so I think I might have seen her name  
 5 sometime along -- along the way as, like, a  
 6 doctoral student. But I can't -- I'm not --  
 7 Q. Do you have any reason to think she's  
 8 biased?  
 9 MS. PARFITT: Objection.  
 10 THE WITNESS: Do I have any reason to  
 11 think she's biased? I have never met her,  
 12 talked about -- I've only seen her --  
 13 what -- I only know her through the work  
 14 that she has published.  
 15 BY MS. DAVIDSON:  
 16 Q. So you have no basis to doubt her  
 17 credibility?  
 18 MS. PARFITT: Objection.  
 19 THE WITNESS: I said I -- I don't know  
 20 her personally. I only know some of the  
 21 papers that she has written, so...  
 22 BY MS. DAVIDSON:  
 23 Q. Are you familiar with Dr. Wentzensen?  
 24 A. I -- again, I might have met him at  
 25 some meeting years ago, but I don't know him

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1 personally. I know some of his work. I've read  
 2 his papers over the years.  
 3 Q. Do you have any reason to believe that  
 4 Dr. Wentzensen is biased?  
 5 A. Again, I do not know him personally.  
 6 I only know him for his work. I have no basis to  
 7 make that judgment.  
 8 Q. Are you familiar with JAMA?  
 9 A. I'm sorry?  
 10 Q. Are you familiar with JAMA?  
 11 A. JAMA, the journal?  
 12 Q. (Nods head.)  
 13 A. Yes.  
 14 Q. Is JAMA considered a prestigious  
 15 publication?  
 16 A. Yes, it's a very well-regarded  
 17 journal.  
 18 Q. Are you offering any opinions in this  
 19 litigation about subtypes of ovarian cancer?  
 20 A. My -- my opinion is to -- related to  
 21 ovarian cancer overall. I certainly am aware of  
 22 some data on subtypes that has been published, but  
 23 my opinion is related to ovarian cancer overall.  
 24 Q. So are you offering opinions  
 25 specifically, for example, about clear cell?

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1 A. I -- I said my opinion is related to  
 2 epithelial ovarian cancer overall.  
 3 Q. Do you have an opinion as to whether  
 4 there's sufficient data to conclude that talc use  
 5 can cause clear cell cancer?  
 6 MS. PARFITT: Objection. This was  
 7 addressed -- you tell me if it wasn't,  
 8 Jessica; and I'm going to try to limit  
 9 these objections as well -- back at the  
 10 time of her original deposition where she  
 11 was exhaustively, another eight-hour  
 12 deposition, asked about risk factors. And  
 13 I've let you talk about those. You made  
 14 them relevant, but certainly about the  
 15 subtypes.  
 16 MS. DAVIDSON: There's been four  
 17 years --  
 18 MS. PARFITT: So I'm not sure where  
 19 you're going.  
 20 MS. DAVIDSON: I'm going to the fact  
 21 that there's been four years of litigation.  
 22 BY MS. DAVIDSON:  
 23 Q. So sitting here in 2024 --  
 24 MS. DAVIDSON: I'm sorry. Of science.  
 25 BY MS. DAVIDSON:

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1 Q. Sitting here in 2024, do you believe  
 2 there is sufficient scientific data from which to  
 3 conclude that talc use can cause clear cell  
 4 carcinoma?  
 5 A. Most of the papers addressed ovarian  
 6 cancer overall, epithelial ovarian cancer as a  
 7 whole. And that is what my opinion is based on.  
 8 MS. DAVIDSON: Can you repeat the  
 9 question?  
 10 BY MS. DAVIDSON:  
 11 Q. I don't think you answered the  
 12 question as asked.  
 13 MS. PARFITT: Disagree.  
 14 (The following question was read back:  
 15 Q: Sitting here in 2024, do you  
 16 believe there is sufficient scientific data  
 17 from which to conclude that talc use can  
 18 cause clear cell carcinoma?)  
 19 THE WITNESS: I believe that there is  
 20 sufficient evidence that talc can cause  
 21 ovarian cancer. What has been reported in  
 22 the literature is mostly focused on  
 23 epithelial ovarian cancer as a whole.  
 24 The -- that's -- I mean, that's what I have  
 25 based my opinion on. I have not expressed

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1 an opinion specifically about clear cell.  
 2 BY MS. DAVIDSON:  
 3 Q. Do you know how many bellwether  
 4 plaintiffs there are --  
 5 MS. PARFITT: I'm sorry. I didn't --  
 6 BY MS. DAVIDSON:  
 7 Q. -- in this litigation?  
 8 A. Please --  
 9 MS. PARFITT: I -- I didn't hear you,  
 10 Jessica.  
 11 THE WITNESS: Your --  
 12 BY MS. DAVIDSON:  
 13 Q. Do you know how many bellwether  
 14 plaintiffs there are in this litigation?  
 15 A. I'm not sure. I really don't know for  
 16 sure.  
 17 Q. Have you reviewed any materials  
 18 regarding the actual plaintiffs in this  
 19 litigation?  
 20 A. No, I have -- I have not.  
 21 Q. Do you know what subtypes of ovarian  
 22 cancer the -- the six bellwether plaintiffs --  
 23 there are six -- have been diagnosed with?  
 24 A. Okay. I just told you that I have not  
 25 received -- or I have not reviewed any of the

<p style="text-align: right;">Page 58</p> <p>1 individual information on those, you now tell me,                  2 six women. So, obviously, I do not know what type                  3 of ovarian cancer they had.                  4 Q. And you also don't know how long they                  5 claim to have used Johnson's Baby Powder?                  6 A. Once again, I have not reviewed any                  7 specific information about those patients.                  8 Q. All right. Let's look at O'Brien                  9 2020, which we're going to mark as Exhibit 2.                  10 (MOORMAN EXHIBIT 2, JAMA - Association                  11 of Powder Use in the Genital Area With Risk                  12 of Ovarian Cancer, was marked for                  13 identification.)                  14 BY MS. DAVIDSON:                  15 Q. Why don't you just use the one that                  16 we're --                  17 A. Okay.                  18 Q. -- for the record.                  19 A. All right. I'm happy to do so.                  20 MS. DAVIDSON: Michelle, do you want                  21 one, or you've got your own?                  22 MS. PARFITT: I'm just keeping a                  23 little collection here.                  24 (Off-the-record conference.)                  25 BY MS. DAVIDSON:</p>	<p style="text-align: right;">Page 60</p> <p>1 risk of 1.0.                  2 Q. So that's not an association?                  3 MS. PARFITT: Objection.                  4 THE WITNESS: Correct.                  5 BY MS. DAVIDSON:                  6 Q. You would agree that there's no                  7 association in this paper between long-term talc                  8 use and ovarian cancer for patent women only,                  9 right?                  10 A. As we have pointed out many times in                  11 reports, long-term use can reflect a variety of                  12 patterns of use. It could be a couple of times a                  13 year on really hot summer days over 20 years. But                  14 it doesn't tell you how frequently they used it.                  15 And so, ideally, you would like to                  16 have some measure that was a measure of the total                  17 exposure, which would be a combination of the                  18 years of use and the frequency of use.                  19 Q. Do you recall my question?                  20 A. I -- you answered -- I believe that I                  21 answered that it showed --                  22 MS. DAVIDSON: What was my question?                  23 Can you repeat it, because the answer                  24 didn't relate to the question?                  25 MS. PARFITT: Objection.</p>
<p style="text-align: right;">Page 59</p> <p>1 Q. How many women in total were included                  2 in the O'Brien paper?                  3 A. How many people in total?                  4 Q. A cohort sample?                  5 A. The total size of the cohort, that's                  6 reported in Table 1, and it was 257,044 women.                  7 Q. And if we could look at Table 2. What                  8 was the adjusted hazard ratio for exposure to talc                  9 and the development of ovarian cancer?                  10 A. For all women, it was -- the hazard                  11 ratio was 1.08. For women with a patent                  12 reproductive tract, 1.13.                  13 Q. And if we're looking at the top half                  14 of Table 2, "Ever Use Powder in the Genital Area,"                  15 are any of those adjusted hazard ratios                  16 statistically significant?                  17 A. No, they are not.                  18 Q. Did you include this breakdown by                  19 cohort in your report?                  20 A. I did not report it for each cohort,                  21 no. I -- I reported the overall.                  22 Q. Did the authors find a significant                  23 association between long-term talc use and ovarian                  24 cancer for patent women?                  25 A. They reported an adjusted relative</p>	<p style="text-align: right;">Page 61</p> <p>1 (The following question was read back:                  2 Q: You would agree that there's no                  3 association in this paper between long-term                  4 talc use and ovarian cancer for patent                  5 women only, right?)                  6 THE WITNESS: Okay. I already --                  7 MS. PARFITT: Asked and answered.                  8 THE WITNESS: I answered the question                  9 that the relative risk was 1, which was no                  10 association.                  11 BY MS. DAVIDSON:                  12 Q. Thank you.                  13 MS. PARFITT: Wait. Have you                  14 finished?                  15 BY MS. DAVIDSON:                  16 Q. Did you include that in your report?                  17 A. I don't believe that I did.                  18 Q. Okay. Have you looked at Table 4 of                  19 O'Brien?                  20 A. I have.                  21 Q. I'm sorry?                  22 A. I have looked at it.                  23 Q. And what does Table 4 address?                  24 A. This addresses the relationship                  25 between talc use and ovarian cancer by various</p>

<p style="text-align: right;">Page 62</p> <p>1 subcategories of ovarian cancer. And they limited                  2 it to all medically confirmed cases. And so they                  3 looked at it by invasiveness, by tumor location,                  4 histotype and then another categorization of                  5 histotype.                  6 Q. If you looked at all medically                  7 confirmed cases, what was the hazard ratio for                  8 frequent use?                  9 A. It was 1.05.                  10 Q. With a confidence interval of?                  11 A. .92 to 1.20.                  12 Q. Is that statistically significant?                  13 A. It is not.                  14 Q. Did you include in your report any                  15 discussion of Table 4?                  16 A. I don't believe that I did.                  17 Q. And did you include in your report any                  18 discussion of O'Brien's subset analysis with                  19 respect to histotypes?                  20 A. I don't believe that I did in that                  21 report.                  22 Q. Does O'Brien find a statistically                  23 significant hazard ratio for any histological                  24 subtype?                  25 A. Within the subtypes, they found</p>	<p style="text-align: right;">Page 64</p> <p>1 not only the sample size, but also the number of                  2 cases. That's a very important consideration when                  3 considering cohort studies.                  4 Q. How many cases were there in O'Brien?                  5 A. Overall, there were 2,213 cases. The                  6 number of cases by cohort varied considerably. In                  7 the Nurses' Health Study II, despite having 61,000                  8 women in the cohort, there were only 76 cases.                  9 The bulk of the cases came from the Nurses' Health                  10 Study. It was 1,258.                  11 Q. Have you conducted a power analysis of                  12 this paper?                  13 A. I have not.                  14 Q. Do you recall in your 2018 report that                  15 you criticized some of the cohort studies for                  16 having what you believe to be was insufficient                  17 follow-up time?                  18 A. I think that that was a comment that I                  19 made, yes.                  20 Q. Did you, in your updated report,                  21 address the fact that O'Brien added several years                  22 of follow-up time for each of those cohort                  23 studies?                  24 A. I did not specifically address that in                  25 my report, no.</p>
<p style="text-align: right;">Page 63</p> <p>1 relative risk greater than 1 for serous,                  2 endometrioid, mucinous, and clear cell, but the                  3 confidence intervals for each of those included 1.                  4 So they were not statistically significant.                  5 Q. Fair to say there isn't a single                  6 statistically significant hazard ratio in Table 4?                  7 A. No. All of the confidence intervals                  8 in this table include 1.                  9 Q. Do you believe that larger sample                  10 sizes make a study more reliable?                  11 A. In and of itself, sample size alone                  12 does not make a reliable study. You can have a                  13 very good large study. You can have a really poor                  14 large study. It's just one --                  15 MS. PARFITT: Please let her finish.                  16 THE WITNESS: It's just one                  17 consideration in evaluating the study.                  18 BY MS. DAVIDSON:                  19 Q. I totally understand. But is larger                  20 sample size a strength that you would note when                  21 you're discussing a study?                  22 A. It's something that would be                  23 considered. And larger sample sizes are                  24 generally -- generally desirable. But, again,                  25 in -- you have to consider -- you have to consider</p>	<p style="text-align: right;">Page 65</p> <p>1 Q. Do you consider the longer follow-up                  2 time to be a strength of the O'Brien paper?                  3 A. In general, longer follow-up is more                  4 desirable. It's one factor that is considered in                  5 evaluating cohort studies.                  6 Q. So is that a strength of the O'Brien                  7 paper, that it has longer follow-up for each of                  8 the cohort studies?                  9 A. As compared to the original reports,                  10 it could be a strength, yes.                  11 Q. How many years of follow-up does                  12 O'Brien have, for example, for NHSI?                  13 MS. DAVIDSON: For you, "NHSI,"                  14 Nurses' Health Study I.                  15 THE WITNESS: For the Nurses' Health                  16 Study, they report a median follow-up time                  17 of 33 years.                  18 BY MS. DAVIDSON:                  19 Q. How about for WHI, Women's Health                  20 Initiative?                  21 A. Yes, "WHI" is Women's Health                  22 Initiative. They report median follow-up time of                  23 17 years.                  24 Q. How much weight do you give findings                  25 that are slightly above 1.0 if the confidence</p>



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1 interval crosses 1.0?

2 A. I apologize. It is --

3 Q. Do you want to take a minute, or are

4 you okay?

5 A. If you don't mind, just --

6 MS. PARFITT: You want to do that just

7 get your voice.

8 THE WITNESS: Yeah.

9 BY MS. DAVIDSON:

10 Q. Yes. Do you want to answer this

11 question and then take a minute, just because we

12 have a question pending?

13 A. Okay. So please repeat the question.

14 Q. Okay. If you don't remember the

15 question, we can take a break and then do it.

16 A. Okay. Thank you.

17 MS. DAVIDSON: No problem.

18 \* \* \*

19 (Whereupon, there was a recess in the

20 proceedings from 10:29 a.m. to 10:52 a.m.)

21 \* \* \*

22 BY MS. DAVIDSON:

23 Q. Do you know Dr. Clarke-Pearson?

24 A. Only by reputation. I might have met

25 him many years ago, but I don't know him

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1 personally.

2 Q. I guess this is a bigger town than I

3 think.

4 MS. DAVIDSON: I forgot the question I

5 had asked that was pending when we took our

6 break for the coughing. Can you repeat the

7 question?

8 (The following question was read back:

9 Q: How much weight do you give

10 findings that are slightly above 1.0 if the

11 confidence interval crosses 1.0?)

12 THE WITNESS: I think that

13 primarily --

14 (Brief interruption.)

15 (Off-the-record conference.)

16 THE WITNESS: So when I look at

17 findings, it is -- I look at the point

18 estimate, the hazard ratio, relative risk,

19 odds ratio, and that tells the association

20 in that study.

21 Statistical significance is something

22 that I look at. But I certainly do not

23 fall into the dichotomy that something is

24 statistically significant, that's an

25 association, and if it's not statistically

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1 significant, there is no association.

2 BY MS. DAVIDSON:

3 Q. Are you aware of any medical journal

4 that does not require authors to include a

5 confidence interval in their epidemiological

6 studies?

7 A. Some journals -- and, again, right off

8 the top of my head, I can't name which -- what are

9 the standards for each journal. Some will report

10 only P values, but it is pretty common that

11 either -- that some measure of statistical

12 significance is included.

13 Q. You're not aware of any paper that

14 doesn't require authors to indicate statistical

15 significance?

16 A. You know, again, you're asking me

17 about the universe of journals, and I -- I just

18 don't know exactly what all their requirements

19 are. I have stated that the most common thing is

20 that confidence intervals or sometimes P values

21 are reported.

22 Q. I'm just getting at the fact that you

23 said the most common. So I wasn't sure if you

24 were aware of anybody -- of any journal that

25 operates differently.

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1 A. I can't think of any journal right

2 offhand.

3 Q. Okay. Why don't we mark your 2023

4 report as Exhibit 3.

5 All right. Asher has corrected me,

6 and he thinks I want to mark as Exhibit 3 your

7 2021 supplemental report. He's convenient to have

8 around.

9 (MOORMAN EXHIBIT 3, Addendum to Rule

10 26 Expert Report of Patricia G. Moorman,

11 MSPH, Ph.D. dated 11/16/18, Date:

12 April 21, 2021, was marked for

13 identification.)

14 BY MS. DAVIDSON:

15 Q. We're marking as Exhibit 3 a 2021

16 report addendum to Rule 26 expert report of

17 Patricia Moorman.

18 In your 2021 paper, you have a

19 statement that the result of nondifferential

20 misclassification is generally a bias toward the

21 null. Can you explain what you meant by that?

22 A. Okay. So nondifferential

23 misclassification usually refers to an error in

24 classifying, for example, an exposure. But it is

25 not different between people who -- like in a

<p style="text-align: right;">Page 70</p> <p>1 cohort study, it's not different between women --</p> <p>2 people who go on to develop the disease of</p> <p>3 interest and those who do not. And so it's --</p> <p>4 just kind of reflects that there's going to be</p> <p>5 errors in recall.</p> <p>6 If I ask anybody about something that</p> <p>7 happened 10 years ago, 5 years ago or 20 years</p> <p>8 ago, they will not have perfect recall. And so</p> <p>9 there will be some misclassification of the</p> <p>10 exposure. But if it's not different, you know,</p> <p>11 between people who ultimately go on to develop --</p> <p>12 who become a case versus people who do not become</p> <p>13 a case, that's considered nondifferential.</p> <p>14 BY MS. DAVIDSON:</p> <p>15 Q. And why would that bias toward the</p> <p>16 null?</p> <p>17 A. Just mathematically you can show that</p> <p>18 if it is.</p> <p>19 Q. Because there's more case -- there's</p> <p>20 more -- because there's fewer people with cases;</p> <p>21 is that what you're saying?</p> <p>22 A. No, that's really not it. It's kind</p> <p>23 of like if you were -- I'm trying to think how to</p> <p>24 do -- it's kind of putting people in the wrong</p> <p>25 category.</p>	<p style="text-align: right;">Page 72</p> <p>1 misreporting of exposure or misclassification of</p> <p>2 exposure can occur for a number of reasons. And</p> <p>3 I'll give a couple of examples from the various</p> <p>4 studies.</p> <p>5 The sister study, their questionnaire</p> <p>6 asked about use in the previous 12 months when</p> <p>7 they were enrolled into the study and also when</p> <p>8 they were -- the women were young. I think it was</p> <p>9 10 to 13. And I believe that's the measure that</p> <p>10 they used in this.</p> <p>11 So anyone who had used talc starting</p> <p>12 after they were 13 but discontinued it before they</p> <p>13 enrolled in the study, that would not have been</p> <p>14 captured.</p> <p>15 Q. And when you say "that would not have</p> <p>16 been captured," that -- that would not have been</p> <p>17 captured in O'Brien, that would not have been</p> <p>18 captioned in Gonzalez, or did O'Brien and Gonzalez</p> <p>19 use the same metric?</p> <p>20 A. I was talking about the sister study,</p> <p>21 specifically. So that was -- I -- if I'm</p> <p>22 recalling correctly, the measure that they used in</p> <p>23 this -- the data that they used in the O'Brien</p> <p>24 study used both the age 10 to 13 and the age -- in</p> <p>25 the 12 months before enrollment into the cohort.</p>
<p style="text-align: right;">Page 71</p> <p>1 So you have -- it's a little bit of a</p> <p>2 mixing of effect. Some people who were truly</p> <p>3 exposed are in the nonexposed category and</p> <p>4 possibly vice versa. And so long as that does</p> <p>5 not -- so long as that is not differential between</p> <p>6 cases and controls, it could be shown</p> <p>7 mathematically that when it is a dichotomous</p> <p>8 outcome, that is usually a -- rather, a</p> <p>9 dichotomous exposure, it is biased towards the</p> <p>10 null.</p> <p>11 Q. But what is the math that results in</p> <p>12 that? Like, what is the reason?</p> <p>13 A. It's basic -- I have seen it. I'm</p> <p>14 having a hard time explaining. I didn't expect to</p> <p>15 have to explain this.</p> <p>16 But just, basically, it shows that it</p> <p>17 is a mixing of effect, and it can be demonstrated</p> <p>18 mathematically that it will result in a bias</p> <p>19 towards the null. I'm sorry that I'm not</p> <p>20 explaining that better. But it has been</p> <p>21 demonstrated. It's been in pretty much every epi</p> <p>22 textbook you would look at.</p> <p>23 Q. Do you believe that misreporting of</p> <p>24 exposure was a concern in O'Brien 2020?</p> <p>25 A. Yes, I -- I do. If we -- so the</p>	<p style="text-align: right;">Page 73</p> <p>1 The Gonzalez paper, their analysis was based on</p> <p>2 use of talc only in the 12 months before</p> <p>3 enrollment.</p> <p>4 Q. So -- so O'Brien --</p> <p>5 A. I --</p> <p>6 Q. Just if I could continue.</p> <p>7 The -- so the O'Brien paper included a</p> <p>8 broader definition of exposure for the sister</p> <p>9 study than Gonzalez did, correct?</p> <p>10 A. That is my understanding, yes.</p> <p>11 Q. Did the hazard ratio change as a</p> <p>12 result?</p> <p>13 A. Well, the hazard ratio that they</p> <p>14 reported here was --</p> <p>15 MS. PARFITT: And you're referring to</p> <p>16 what table?</p> <p>17 THE WITNESS: Okay. I am referring to</p> <p>18 Table 2.</p> <p>19 MS. PARFITT: Thank you.</p> <p>20 MS. DAVIDSON: Please don't interrupt</p> <p>21 her.</p> <p>22 MS. PARFITT: I just needed some</p> <p>23 guidance myself.</p> <p>24 MS. DAVIDSON: After she's done with</p> <p>25 her answer.</p>



<p style="text-align: right;">Page 74</p> <p>1 THE WITNESS: Okay.</p> <p>2 MS. PARFITT: I think it's appropriate</p> <p>3 to get some clarification.</p> <p>4 MS. DAVIDSON: No, it's not.</p> <p>5 THE WITNESS: Okay. So in the</p> <p>6 Gonzalez paper, as I recall, the hazard</p> <p>7 ratio was a real outlier. It was like .73,</p> <p>8 .74, something like that, and here it is</p> <p>9 1.02. So it was a change.</p> <p>10 BY MS. DAVIDSON:</p> <p>11 Q. Do you consider 1.02 to be a positive</p> <p>12 association?</p> <p>13 A. It is greater than 1. And so in that</p> <p>14 sense, it is a positive association. It's -- it's</p> <p>15 very close to the null value, obviously.</p> <p>16 Q. Do you believe that O'Brien found an</p> <p>17 increased risk with talc use and ovarian cancer in</p> <p>18 the sister study?</p> <p>19 A. They reported only a very slight</p> <p>20 increase, 1.02.</p> <p>21 Q. And do you consider 1.02 to be a</p> <p>22 slight increase in risk?</p> <p>23 A. That's what the point estimate says --</p> <p>24 Q. Even if it's -- even if it's not</p> <p>25 statistically significant?</p>	<p style="text-align: right;">Page 76</p> <p>1 THE WITNESS: I -- I think that I have</p> <p>2 answered it. You -- when we look at odds</p> <p>3 ratios, 1 means no increase or no decrease</p> <p>4 in risk. Any values below 1 indicates a</p> <p>5 decrease in risk. 1.02 is above 1. It is</p> <p>6 a very slight increase in risk.</p> <p>7 BY MS. DAVIDSON:</p> <p>8 Q. I understand what you're saying, but</p> <p>9 my question was: Have you ever in a paper stated</p> <p>10 that a 1.02 risk ratio nonstatistically</p> <p>11 significant reflected an increased risk for an</p> <p>12 exposure in a disease?</p> <p>13 A. And I think that I answered it. It's,</p> <p>14 like, I would typically just describe it as, you</p> <p>15 know, this was the odds ratio or risk ratio and</p> <p>16 the confidence interval and indicate, you know, it</p> <p>17 was not a statistically significant increased</p> <p>18 risk.</p> <p>19 Q. Have you read the Gossett editorial in</p> <p>20 JAMA regarding O'Brien?</p> <p>21 A. The Gossett?</p> <p>22 Q. Dana Gossett editorial that came out</p> <p>23 in the same version -- in the same edition of JAMA</p> <p>24 as the O'Brien paper?</p> <p>25 A. I believe that I did read it. It's</p>
<p style="text-align: right;">Page 75</p> <p>1 A. As I said before, the point estimate</p> <p>2 is what those data show in that study. You had</p> <p>3 asked about misclassification in the O'Brien</p> <p>4 study --</p> <p>5 Q. We'll go back to that. I just want --</p> <p>6 A. Okay.</p> <p>7 Q. -- to continue with this.</p> <p>8 A. All right. I just wanted to --</p> <p>9 Q. Have you --</p> <p>10 A. -- let you know that I was not</p> <p>11 finished with that answer.</p> <p>12 Q. Understood.</p> <p>13 Have you ever published a paper in</p> <p>14 which you said that 1.02 was an increased risk?</p> <p>15 A. I -- what is typical is that I will</p> <p>16 report the -- the odds ratio and the confidence</p> <p>17 interval and just what it -- what it is. It's</p> <p>18 like -- it was -- I might describe it as: It was</p> <p>19 not a statistically significant increase in risk.</p> <p>20 Q. My question is different. Have you</p> <p>21 ever characterized, outside of this litigation, a</p> <p>22 1.02 nonstatistically significant risk ratio as an</p> <p>23 increased risk?</p> <p>24 MS. PARFITT: Objection. Asked and</p> <p>25 answered.</p>	<p style="text-align: right;">Page 77</p> <p>1 been quite a while since I have looked at that</p> <p>2 paper.</p> <p>3 Q. That was not, that I could see, on</p> <p>4 your reliance list. Do you know why?</p> <p>5 A. I don't. I mean, I don't remember --</p> <p>6 I mean, I might have overlooked it at the time. I</p> <p>7 just -- I don't remember.</p> <p>8 Q. Okay. Did the O'Brien study find an</p> <p>9 overlap in confidence intervals for the patent and</p> <p>10 nonpatent subgroups?</p> <p>11 A. Let me go to -- for the overall</p> <p>12 adjusted odds ratio that are reported in Table 2</p> <p>13 for all women, it was 1.08 confidence interval.</p> <p>14 .99 to 1.17 for women with patent reproductive</p> <p>15 tracts. It was 1.13 with a confidence interval of</p> <p>16 1.01 to 1.26. So, yes, there is overlap in those</p> <p>17 confidence intervals.</p> <p>18 Q. Does the stratification of women into</p> <p>19 exposed -- does the stratification of women into</p> <p>20 patent and nonpatent groups, is that the same as</p> <p>21 stratifying women into exposed and nonexposed</p> <p>22 categories?</p> <p>23 A. Well, in this case, the main exposure</p> <p>24 of interest is talc. That is the exposure of</p> <p>25 interest here. The patent and not patent are --</p>

<p style="text-align: right;">Page 78</p> <p>1 it's a subgroup. They're subgroups and so a                  2 subgroup analysis. It's not the exposure that                  3 you're looking at.                  4 It's -- if you were thinking of the                  5 patency of the reproductive tract as a risk factor                  6 for ovarian -- as an exposure, you would say: Are                  7 women with patent reproductive tracts at higher                  8 risk than those with nonpatent reproductive                  9 tracts?                  10 Q. That's not my question. My question                  11 is: When you stratify women into patent and                  12 nonpatent groups, would the nonpatent women --                  13 does that mean none of them were exposed to talc?                  14 A. Oh, okay. No, it does not, because                  15 it -- the patency is defined as having one of                  16 these surgeries, so a tubal ligation or a                  17 hysterectomy. And so women have those at                  18 different points in their lives.                  19 I think that women are typically in                  20 their 30s when they have tubal ligations. That's                  21 the most common age. And most common age for                  22 hysterectomy is in their 40s. So anyone who had                  23 used talc before their surgery, they had exposure.                  24 They likely had exposure.                  25 Q. Have any of the papers addressed when</p>	<p style="text-align: right;">Page 80</p> <p>1 Q. I'm just asking you --                  2 MS. PARFITT: Okay. Jessica --                  3 BY MS. DAVIDSON:                  4 Q. Can you finish your answer?                  5 MS. PARFITT: -- I've done very well                  6 so far.                  7 MS. DAVIDSON: Okay. So let's                  8 continue.                  9 MS. PARFITT: No, no. Let me just                  10 say, if she needs the paper, though --                  11 again, we just don't need to have this                  12 ruckus.                  13 MS. DAVIDSON: Okay. I'm not asking a                  14 question about that paper. I'm asking                  15 whether --                  16 MS. PARFITT: She said --                  17 MS. DAVIDSON: -- she's aware of any                  18 papers that discuss at what age women start                  19 using talc.                  20 MS. PARFITT: And as she said, "if I                  21 could see the paper." If you need the                  22 court reporter to read that back, she said,                  23 "if I could see the paper."                  24 MS. DAVIDSON: Michelle --                  25 MS. PARFITT: Yes.</p>
<p style="text-align: right;">Page 79</p> <p>1 women who use talc in their perineal area                  2 typically start, at what age?                  3 A. At what age they begin using it? In                  4 O'Brien's 2023 paper, they asked about use in --                  5 at various points in their age. Again, if we                  6 could pull that up, I can demonstrate what -- what                  7 I'm talking about. But as I --                  8 MS. PARFITT: Look at your report.                  9 THE WITNESS: Okay.                  10 BY MS. DAVIDSON:                  11 Q. Wait. Can you just finish your                  12 answer?                  13 A. Okay.                  14 MS. PARFITT: If you can. If you need                  15 the report --                  16 MS. DAVIDSON: She was saying                  17 something.                  18 MS. PARFITT: I --                  19 MS. DAVIDSON: And you keep                  20 interrupting her.                  21 MS. PARFITT: No, no, no. Jessica --                  22 MS. DAVIDSON: She said, "as I."                  23 That's the middle of the sentence, and you                  24 interrupted her.                  25 BY MS. DAVIDSON:</p>	<p style="text-align: right;">Page 81</p> <p>1 MS. DAVIDSON: -- please don't                  2 testify.                  3 MS. PARFITT: Jessica, I'm not                  4 testifying. I want an accurate record --                  5 MS. DAVIDSON: Okay.                  6 MS. PARFITT: -- and I think you do,                  7 too. I know the judge does. So that's                  8 what we'll ask her. Do you need the paper?                  9 MS. DAVIDSON: That's not --                  10 BY MS. DAVIDSON:                  11 Q. I'm asking whether you are aware of                  12 any papers that address when -- the age at which                  13 women start using talcum powder, those women who                  14 use it. That's all I'm asking.                  15 A. Okay. I am relying on my memory                  16 here --                  17 Q. Uh-huh.                  18 A. -- of the O'Brien 2023 paper.                  19 Q. Okay.                  20 A. And I believe that they did question                  21 women about their use at various ages. And if I                  22 am recalling the paper correctly, and if I could                  23 look at the paper, we could confirm that my memory                  24 is accurate. Do you mind if I look at that paper?                  25 Q. I don't mind at all, but I want to get</p>

<p style="text-align: right;">Page 82</p> <p>1 a list. Like, I have a way of questions that I'm                  2 asking. And I'd like to know -- I'd like the full                  3 list of papers you recall that address, if any,                  4 the ages at which women start using ovarian cancer                  5 [sic]. So I don't want to in the middle of a                  6 question move on.                  7 So can you just tell me the full                  8 list -- that was my question -- full list of                  9 papers you recall that address the age at which                  10 women start using ovarian -- using talcum powder                  11 in their perineal area.                  12 A. Okay. I recall that the O'Brien 2023                  13 paper addressed that in the sister study. I can't                  14 recall specifically whether other studies asked                  15 about age at first use. It seems like there have                  16 been some, but I can't remember specifically which                  17 ones.                  18 MS. DAVIDSON: Okay. If we could pull                  19 up the Gossett editorial, which we're going                  20 to mark as Exhibit 3.                  21 THE REPORTER: We're on 4.                  22 MS. DAVIDSON: 4? Sorry.                  23 MR. TRANGLE: 4.                  24 MS. DAVIDSON: Oh, right, because as                  25 Exhibit 3 we marked the 2021 paper. I</p>	<p style="text-align: right;">Page 84</p> <p>1 A. Yes.                  2 Q. Do you see halfway down that paragraph                  3 there's a sentence "Thus"?                  4 A. Uh-huh.                  5 Q. Can you read that sentence?                  6 A. Wait. I'm sorry.                  7 Q. Can you read aloud the sentence that                  8 begins with the word "Thus?"                  9 MS. PARFITT: Give her a moment,                  10 please.                  11 THE WITNESS: Well, I just want to                  12 read the context of the paragraph.                  13 BY MS. DAVIDSON:                  14 Q. It's the fourth sentence.                  15 A. Yes, I'm just -- I just want it in the                  16 context.                  17 MS. PARFITT: Jessica, she's asked for                  18 a moment to read it.                  19 MS. DAVIDSON: You've told her to ask                  20 for a moment to read it, Michelle.                  21 MS. PARFITT: No. Actually, I didn't.                  22 I didn't.                  23 BY MS. DAVIDSON:                  24 Q. Are you planning to read the whole                  25 paper? Because if so, we'll go off the record.</p>
<p style="text-align: right;">Page 83</p> <p>1 forgot to write that down. I was engrossed                  2 in the conversation.                  3 (MOORMAN EXHIBIT 4, JAMA - Use of                  4 Powder in the Genital Area and Ovarian                  5 Cancer Risk, Examining the Evidence, was                  6 marked for identification.)                  7 BY MS. DAVIDSON:                  8 Q. Exhibit 4 is an editorial entitled                  9 "Use of Powder in the Genital Area and Ovarian                  10 Cancer Risk, Examining the Evidence." Do you                  11 recall reading this paper?                  12 A. I -- yeah, I -- I believe that I have                  13 looked at this editorial.                  14 Q. Is there a reason why your report                  15 discusses Dr. Cramer's letter about the O'Brien                  16 2020 paper but doesn't discuss this editorial?                  17 A. I -- I don't -- I mean, like I've                  18 said, I read this. I -- I -- there was no                  19 particular reason why I did not include it.                  20 Just -- no particular reason.                  21 Q. If you could turn to Page 30.                  22 A. Okay.                  23 Q. Halfway down the page that starts with                  24 the word "Given." Do you see the paragraph that                  25 starts with the word "Given" in the left column?</p>	<p style="text-align: right;">Page 85</p> <p>1 A. No. I just -- you asked about one                  2 specific paragraph, and I just wanted to read that                  3 paragraph. Okay. And so you asked me to read the                  4 sentence beginning with "Thus."                  5 Thus, the stratification of the groups                  6 as patent and nonpatent does not clearly group                  7 women into exposed and nonexposed categories.                  8 Q. Do you agree with that?                  9 A. I -- yes, I -- my previous answer                  10 discussed how women with -- who have had these                  11 surgeries could have had exposure before the                  12 surgeries, yes.                  13 Q. Can you read the next sentence?                  14 A. The fact that there are no significant                  15 differences in the hazard ratios in the patent                  16 (HR, 1.13 [95 percent confidence interval, 1.01 to                  17 1.26]) and nonpatent subgroups (hazard ratio .99,                  18 [95 percent confidence interval, 0.86 to 1.15];                  19 P value for heterogeneity comparing these                  20 subgroups of 1 -- .15) confirms the overall                  21 conclusion that there is no demonstrable                  22 statistically significant association between use                  23 of the powder in the genital area and ovarian                  24 cancer risk.                  25 Q. Do you agree with that statement?</p>

<p style="text-align: right;">Page 86</p> <p>1 A. That statement is -- it's stating the                  2 data that's presented in the -- the table -- or in                  3 the paper that the P value for interaction was                  4 .15. And so it is not a statistically                  5 significant -- wait. "Confirms the overall                  6 conclusion that" --                  7 You know, I don't -- I have to say                  8 that I don't agree with -- with that statement.                  9 They did find a significant association with women                  10 who have the patent reproductive tract. And so I                  11 don't -- I don't agree with that statement because                  12 there is -- there is a statistical significant                  13 association with that one subgroup of women.                  14 Q. Is she saying there isn't?                  15 A. It says there is no demonstrable                  16 statistically significant association between use                  17 of powder in the genital area and ovarian cancer                  18 risk. And so I -- I disagree with that. It's --                  19 I think --                  20 Q. But what's the reason she gives for                  21 that statement?                  22 A. She's saying that there's no                  23 significant difference between the two groups,                  24 which in terms of a statistically significant                  25 interaction between the two groups, the P value</p>	<p style="text-align: right;">Page 88</p> <p>1 expert in litigation or not.                  2 Q. She doesn't disclose any conflict of                  3 interest suggesting any involvement in litigation,                  4 correct?                  5 A. She doesn't describe -- disclose                  6 conflict of interest related to talc. It's -- she                  7 does disclose other funding.                  8 Q. Do you give more weight to Dr. Cramer                  9 and Dr. Harlow's letters than you do to the                  10 Gossett editorial?                  11 A. As I have stated repeatedly today, I                  12 consider what is -- what is reported in the paper.                  13 And, you know, certainly, knowing any potential                  14 conflicts of interest, it's -- it doesn't mean                  15 that that -- what they're saying is -- is wrong or                  16 right. It's -- I just evaluate it on the comments                  17 that they made, the points that they made.                  18 Q. And so based on the points that were                  19 made in this editorial, you didn't think it                  20 merited inclusion in your expert report?                  21 MS. PARFITT: Objection. Misstates                  22 her testimony.                  23 THE WITNESS: As I said, I -- it was,                  24 perhaps, an oversight that I -- I didn't                  25 include that in my reference list. I -- I</p>
<p style="text-align: right;">Page 87</p> <p>1 of .15, that is an accurate statement.                  2 But the fact that you are seeing a                  3 statistically significant increased risk in the --                  4 the one group, the women with the patent                  5 reproductive tract, I think that does not                  6 demonstrate -- there's no demonstrable                  7 statistically significant association between use                  8 of powder in the genital tract -- or genital area                  9 and ovarian cancer risk.                  10 Q. Again, you discussed letters to the                  11 editor about O'Brien from Drs. Cramer and                  12 Dr. Harlow, correct, in your 2023 supplement?                  13 A. I did.                  14 Q. And you didn't discuss this, correct?                  15 A. That is correct.                  16 Q. And you're aware that Dr. Cramer and                  17 Dr. Harlow are plaintiff's experts, right?                  18 A. I am aware of that.                  19 Q. Do you know whether Dr. O'Brien is an                  20 expert in this litigation?                  21 A. You have already asked me that and                  22 I --                  23 Q. I'm sorry. I meant Dr. Gossett.                  24 A. I do not know who Dr. Gossett is. No,                  25 I have -- I don't know if she -- she or he is an</p>	<p style="text-align: right;">Page 89</p> <p>1 read it. I -- I obviously -- I -- I didn't                  2 comment on it.                  3 BY MS. DAVIDSON:                  4 Q. Do you recall testifying at your last                  5 deposition that you did not believe the cohort                  6 studies had sufficient power and citing a paper by                  7 Narod for that proposition?                  8 A. I recall making some statement. I                  9 don't recall exactly what I stated, but that --                  10 Q. Did you go back to the Narod paper                  11 after O'Brien was published in 2020 to see whether                  12 the O'Brien paper satisfied what Narod had listed                  13 as how many women would be needed to establish                  14 sufficient power?                  15 A. I did not go back to the Narod paper.                  16 Q. You recall in 2019 testifying about                  17 the Berg -- B-E-R-G-E-N -- Berga because I think                  18 it's a European paper, which had done a power                  19 analysis of the cohort studies. Do you recall                  20 that?                  21 A. I -- I don't recall. I recall                  22 mentioning -- or probably addressing, you know,                  23 the -- the systematic review's meta-analysis,                  24 including the Berg or Berga study. I don't recall                  25 exactly the point that you're making.</p>



<p style="text-align: right;">Page 90</p> <p>1 Q. Okay. And I believe you testified                  2 earlier that you haven't done any sort of power                  3 analysis with respect to O'Brien 2020, right?                  4 A. No, I did not do any --                  5 Q. Okay.                  6 A. -- power analysis.                  7 Q. We can move on now.                  8 MS. DAVIDSON: Okay. So let's mark as                  9 Exhibit 5 Taher 2019.                  10 (MOORMAN EXHIBIT 5, Reproductive                  11 Toxicology - Critical review of the                  12 association between perineal use of talc                  13 powder and risk of ovarian cancer, was                  14 marked for identification.)                  15 BY MS. DAVIDSON:                  16 Q. We're marking as Exhibit 5 a paper                  17 entitled "Critical review of the association                  18 between perineal use of talc powder and risk of                  19 ovarian cancer." First author, Mohamed Kadry                  20 Taher.                  21 Are you relying on this paper to                  22 support your opinions in this case?                  23 A. It is one of the articles that I                  24 considered, yes.                  25 Q. If we could turn to Table 2. Do the</p>	<p style="text-align: right;">Page 92</p> <p>1 what I thought that I heard from you, so...                  2 MS. DAVIDSON: I think it was.                  3 Can you repeat again?                  4 (The reporter read the requested                  5 material.)                  6 THE WITNESS: Okay. Looking at what                  7 the O'Brien paper reported in Table 4 is                  8 they reported a -- for ever use of talc,                  9 they reported a hazard ratio of 1.17 with                  10 confidence interval from .73 to 1.89. So                  11 it was not -- it was a non --                  12 nonstatistically significant increased                  13 risk.                  14 BY MS. DAVIDSON:                  15 Q. Thank you.                  16 Now, Taher found that 13 out of 24                  17 case-control studies showed a statistically                  18 significant association, right? If you'd like, I                  19 can read that to you.                  20 It's on the last sentence of 94, first                  21 sentence of 95. 13 out of 24 case-control studies                  22 showed a statistically significant association.                  23 Do you see that? Did I read that                  24 correctly?                  25 A. Yes, you did read that.</p>
<p style="text-align: right;">Page 91</p> <p>1 authors here identify an increased risk between                  2 talc use and the development of clear cell                  3 carcinoma?                  4 A. They report -- and based on one study,                  5 they report an effect estimate of 0.63 with a                  6 confidence interval that goes from .15 to 2.65.                  7 So based on this one study, they do not report an                  8 increased risk among women with clear cell.                  9 Q. And we just discussed and looked at                  10 the O'Brien paper, which found no significant                  11 association between talc use and clear cell as                  12 well. Do you recall that?                  13 A. Again, let me -- would you mind                  14 restating your question?                  15 MS. DAVIDSON: Court Reporter, could                  16 you repeat it?                  17 (The following question was read back:                  18 Q: And we just discussed and looked                  19 at the O'Brien paper, which found no                  20 significant association between talc use                  21 and clear cell as well. Do you recall                  22 that?)                  23 THE WITNESS: Was that -- I'm sorry.                  24 I -- if you don't mind repeating your                  25 question because what she read back was not</p>	<p style="text-align: right;">Page 93</p> <p>1 Q. So that means 11 out of 24                  2 case-control studies did not show a significant                  3 association, right?                  4 A. Not a statistically significant                  5 increased risk, yes. Although, it is important to                  6 look at the point estimates overall, which are --                  7 nearly all of them report point estimates greater                  8 than 1.                  9 Q. So you consider those studies to be                  10 consistent despite the fact that 11 did not show a                  11 statistically significant association?                  12 MS. PARFITT: Objection. Form.                  13 THE WITNESS: As I stated earlier, I                  14 do not use statistical significance as a                  15 way to dichotomize, yes, there is an                  16 association; no, there is not.                  17 Look at the point estimate, and from                  18 the standpoint that the vast majority of                  19 studies show reported point estimates                  20 greater than 1 with a majority of them                  21 being statistically significant, I would                  22 say, yes, the findings are quite                  23 consistent.                  24 BY MS. DAVIDSON:                  25 Q. If you look at Table 2 of Taher. For</p>

<p style="text-align: right;">Page 94</p> <p>1 people who used talc 20-plus years, there is --</p> <p>2 there is no statistically significant association</p> <p>3 with ovarian cancer risk, correct?</p> <p>4 A. What they report is overall risk of</p> <p>5 1.19, the confidence interval from .71 to 1.98.</p> <p>6 So, once again, it's an increased risk that was</p> <p>7 not statistically significant.</p> <p>8 Q. And is that higher or lower than the</p> <p>9 risk ratio reported for women who use talc between</p> <p>10 10 and 20 years?</p> <p>11 A. What they report for women who had</p> <p>12 used it for 10 to 20 years was 1.42. So 1.02 to</p> <p>13 1.99. So statistically significant increased</p> <p>14 risk, and it was a higher point estimate than</p> <p>15 women who had used it for 20-plus years.</p> <p>16 Q. Did you -- did you address that in</p> <p>17 your report?</p> <p>18 MS. PARFITT: Objection. Form.</p> <p>19 THE WITNESS: In my discussion of this</p> <p>20 article --</p> <p>21 BY MS. DAVIDSON:</p> <p>22 Q. I can fix my question, because</p> <p>23 Michelle is right, it wasn't very well stated.</p> <p>24 Did you address in your report that</p> <p>25 women who used talc for 20-plus years did not have</p>	<p style="text-align: right;">Page 96</p> <p>1 A. Yes.</p> <p>2 Q. What is it?</p> <p>3 A. It is a framework for evaluating some</p> <p>4 of the strength of the evidence related -- you</p> <p>5 know, I believe that it's commonly used when doing</p> <p>6 meta-analysis and just combining all of the data</p> <p>7 and looking at the strength of the evidence.</p> <p>8 Q. Did -- have you ever used a GRADE</p> <p>9 framework in your work?</p> <p>10 A. If I'm not mistaken, in some of the</p> <p>11 systematic reviews that I've worked on over the</p> <p>12 years, we might have addressed -- we -- I'm pretty</p> <p>13 sure that we did use the GRADE framework.</p> <p>14 Q. How did Taher classify the talc epi</p> <p>15 under the GRADE framework? Page 98 to make your</p> <p>16 life easier.</p> <p>17 A. Okay. In Table 4, the certainty of</p> <p>18 the evidence, they put it as very low.</p> <p>19 Q. Thanks.</p> <p>20 On Page 98, the author states that one</p> <p>21 reason for that is that they deem the findings to</p> <p>22 be subject to an appreciable risk of bias. Do you</p> <p>23 see that?</p> <p>24 A. Yes, I do see it.</p> <p>25 Q. Do you disagree with them?</p>
<p style="text-align: right;">Page 95</p> <p>1 a statistically significant association with the</p> <p>2 development of ovarian cancer, whereas women who</p> <p>3 used talc for 10 to 20 years had a higher risk</p> <p>4 ratio and that was statistically significant?</p> <p>5 A. I'm looking at how I stated it in my</p> <p>6 report. What I stated in my report was that they</p> <p>7 noted a possible increasing trend in ovarian</p> <p>8 cancer with risks with increasing cumulative</p> <p>9 exposure to talc, albeit with a high degree of</p> <p>10 uncertainty.</p> <p>11 Q. My question was: Did you report --</p> <p>12 did you state in your report that 20-plus years of</p> <p>13 use had a lower effect estimate and one that is</p> <p>14 not statistically significant as compared to 10 to</p> <p>15 20 years?</p> <p>16 A. And I told you what -- what I did</p> <p>17 report in my report. I didn't repeat every --</p> <p>18 every odds or hazard ratio or whatever -- relative</p> <p>19 risk that was reported. I read to you what I</p> <p>20 reported. I did not specifically say that it was</p> <p>21 the odds -- the relative risks for greater than 20</p> <p>22 years was less than what was reported for 10 to 20</p> <p>23 years.</p> <p>24 Q. Do you know what the GRADE framework</p> <p>25 is? G-R-A-D-E, all caps.</p>	<p style="text-align: right;">Page 97</p> <p>1 A. I acknowledge that the -- there is</p> <p>2 potential for recall bias. There is potential for</p> <p>3 bias in recalling -- so the nondifferential</p> <p>4 misclassification of the exposure. I think that</p> <p>5 there is the potential. I think that, as has been</p> <p>6 addressed in several papers, there is some</p> <p>7 evidence to suggest that it's probably not as much</p> <p>8 of a problem as some people suggest.</p> <p>9 Q. Did you address in your paper -- in</p> <p>10 your expert report the fact that the Taher</p> <p>11 meta-analysis finds the quality of the evidence --</p> <p>12 the certainty of the evidence to be very low?</p> <p>13 A. I did not put that in my report.</p> <p>14 Q. Why not?</p> <p>15 A. Basically, I did not restate</p> <p>16 everything that was in the papers I was asked</p> <p>17 to -- you know, it was a rather brief summary.</p> <p>18 Q. Do you think that the fact that the</p> <p>19 authors of this meta-analysis found the certainty</p> <p>20 of the evidence to be very low is relevant to</p> <p>21 analyzing the paper?</p> <p>22 A. It's one aspect of looking at the</p> <p>23 paper.</p> <p>24 Q. But you didn't discuss it?</p> <p>25 A. I did not discuss it.</p>



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1 Q. And are any of the authors of Taher  
 2 plaintiff's experts in this litigation?  
 3 A. I do not know any of the authors on  
 4 this paper. And -- so I don't -- and I have never  
 5 heard their names mentioned as being a plaintiff's  
 6 expert.  
 7 Q. And if you look at their conflict of  
 8 interest disclosure, none of them references any  
 9 conflict of interest related to this litigation,  
 10 correct?  
 11 A. No, I don't -- I don't see that. They  
 12 report no conflict of interest.  
 13 Q. Can we look at -- this is -- Michelle  
 14 likes to say it's not a memory test, but this is a  
 15 vision test.  
 16 MS. PARFITT: I have extra glasses.  
 17 BY MS. DAVIDSON:  
 18 Q. Could we look at Footnote A.  
 19 A. What page are you on?  
 20 Q. Footnote A, Page 98 of Taher.  
 21 A. Okay.  
 22 Q. Do you see that?  
 23 A. Yes, I do.  
 24 Q. Can you tell me how they describe what  
 25 "very low certainty" means?

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1 A. We have very little confidence in the  
 2 effect estimate. The true effect is likely to be  
 3 substantially different from the estimate of  
 4 effect.  
 5 Q. Again, you didn't mention that in your  
 6 report, correct?  
 7 A. No, I did not.  
 8 Q. Have you seen the unpublished Taher  
 9 manuscript, the one that was attached to the  
 10 original Health Canada draft?  
 11 A. I believe that I saw it several years  
 12 ago.  
 13 Q. Did you compare it to the final  
 14 published version?  
 15 A. I did not.  
 16 Q. Do you recall that the unpublished  
 17 draft had a Bradford Hill analysis in it?  
 18 A. I don't recall specifically. It's  
 19 been a long time since I read that paper.  
 20 Q. Fair. I don't recall what I did last  
 21 week, so...  
 22 Are you qualified to identify asbestos  
 23 in a product?  
 24 A. Am I qualified to identify asbestos in  
 25 a product? No. That's not my specialty.

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1 Q. Do you know what XRD is?  
 2 A. I believe that one meaning of it --  
 3 I'm not sure if this is what you're getting at --  
 4 is X-ray diffraction.  
 5 Q. That was good. Have you ever done  
 6 X-ray diffraction?  
 7 A. No, I have not.  
 8 Q. Do you know what PLM is?  
 9 A. I do not. No, I do not know what  
 10 that --  
 11 Q. Since you don't know what it is, can  
 12 I -- is it fair to conclude that you've never done  
 13 it?  
 14 A. Just, please, if you wouldn't mind  
 15 just stating what it is, and I can --  
 16 Q. Polar light microscopy.  
 17 A. Okay.  
 18 Q. Have you ever done polar light  
 19 microscopy?  
 20 A. No, I have not done PLM.  
 21 Q. Are you familiar with the term "TEM"?  
 22 A. Let's see. Again, I think that it's  
 23 some type of electron microscopy. And I don't  
 24 remember what the "T" is, but --  
 25 MS. PARFITT: Transmission --

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1 MR. TRANGLE: Electron --  
 2 MS. PARFITT: -- electron spectro --  
 3 (Simultaneous talking.)  
 4 BY MS. DAVIDSON:  
 5 Q. Transmission. Y'all -- we -- the  
 6 three of us all seem to agree that the "T" stands  
 7 for "transmission."  
 8 A. Okay.  
 9 Q. And none of us has ever done it  
 10 either.  
 11 A. I have not done TEM.  
 12 Q. Okay. I just wanted you to get a full  
 13 sentence out there.  
 14 A. Okay.  
 15 Q. Do you have an opinion as to what  
 16 percentage of the Johnson's Baby Powder sold in  
 17 the United States has asbestos?  
 18 A. I know that there will be people who  
 19 are mineral experts who will address that. I have  
 20 seen some of their reports, but I cannot state an  
 21 opinion on what proportion of containers have  
 22 asbestos in them.  
 23 Q. Have you ever asked plaintiff's  
 24 counsel to see the defense expert reports about  
 25 asbestos testing?

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1 A. I have not.

2 Q. Does your biological plausibility

3 opinion turn on whether talc contains asbestos?

4 A. My biologic plausibility considered

5 asbestos in the talc products as part of the

6 biological plausibility, not the sole biologically

7 plausible mechanism.

8 Q. Do you believe that talc that does not

9 contain asbestos can cause ovarian cancer?

10 A. My opinion is based on talc products,

11 whatever is contained in them. And it -- as far

12 as I know, there is no way to determine whether or

13 not the women -- the talc they reported, whether

14 it contained asbestos or not and -- just because

15 there's no way to -- to test all the products that

16 they used over the years. My opinion, again, to

17 restate, is just based on talc products, whatever

18 they contain.

19 Q. Are you relying on a paper called

20 Harper 2023?

21 A. I have read Harper. That's one of --

22 if -- if you're going to ask me questions about

23 it, could we just bring it up or --

24 Q. Yeah, I'm -- all I've asked is: Are

25 you relying on it?

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1 A. I have read it. And, you know,

2 it's -- as I recall, it's a laboratory study. And

3 since my opinion is based primarily on the

4 epidemiologic data, it's -- like, at a high level,

5 I considered it. It was just part of what I read

6 in forming my opinion.

7 Q. But I can't find a discussion of it

8 anywhere in your reports.

9 A. No, I did -- my reports are focused

10 primarily on the epidemiologic data, which is

11 where my expertise is.

12 Q. Are you aware that the peer-reviewed

13 comments on Harper 2023 were produced in this

14 litigation?

15 A. I was not aware of that.

16 Q. And you're also, presumably, not aware

17 that some of the peer reviewers referred to that

18 paper as outrageous?

19 MS. PARFITT: Objection.

20 THE WITNESS: I told you I have not

21 seen any of that. I am unaware of any of

22 that.

23 BY MS. DAVIDSON:

24 Q. In connection with this litigation,

25 have you seen peer review comments for any papers?

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1 A. As -- the only peer review comments

2 that I would have seen are those from the papers

3 on which I was a co-author.

4 Q. And have you seen any correspondence

5 or other materials related to the Woolen

6 meta-analysis?

7 A. Any correspondence? I don't recall

8 seeing any.

9 Q. I'll mark your 2023 report as

10 Exhibit 6.

11 (MOORMAN EXHIBIT 6, Supplemental

12 Expert Report of Patricia G. Moorman, MSPH,

13 Ph.D., dated 11/15/23, was marked for

14 identification.)

15 BY MS. DAVIDSON:

16 Q. I'm marking as Exhibit 6 a

17 supplemental expert report of Patricia G. Moorman,

18 dated November 15th, 2023.

19 So on Page 1 of your supplemental

20 report dated November 2023, you say you considered

21 the possible biases of -- of the various studies.

22 A. Yes.

23 Q. Where can I find your analysis of the

24 possible biases of the various studies?

25 A. I -- I think that throughout the

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1 report, I did address, you know, some of the

2 potential biases. For example, in the O'Brien

3 2023, I talked about how the underrepresentation

4 of talc exposure in the Gonzalez paper, which was

5 quantified in the O'Brien 2023 paper, really cast

6 serious concerns about the Gonzalez paper.

7 I -- in talking about the -- our own

8 paper, the Davis paper, noted that the available

9 data didn't allow for consideration of both

10 frequency and duration.

11 So throughout the report I think that

12 there are numerous places where I did address some

13 of the biases.

14 Q. Is frequency and duration a bias or a

15 limitation?

16 A. Well, I would consider it more a

17 limitation of the study.

18 Q. So when you refer to bias here, you

19 mean recall bias?

20 A. It was not just recall bias, but

21 misclassification bias as well.

22 Q. And is misclassification a bias or a

23 limitation?

24 A. It -- it can be a bias, yes.

25 Q. And when you say possible biases here,

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1 did you -- are you referring at all to author  
 2 bias?  
 3 A. My comment there was more in relation  
 4 to methodologic biases.  
 5 Q. I wasn't sure.  
 6 Are you familiar with the term  
 7 "cleavage fragment"?  
 8 A. I'm sorry?  
 9 Q. Are you familiar with the term  
 10 "cleavage fragment."  
 11 A. "Cleavage fragment." Again, I believe  
 12 that I have seen that term in relation to some of  
 13 the talc analyses. But, again, that is not my  
 14 area of expertise.  
 15 Q. So can we agree you're not offering an  
 16 opinion about cleavage fragments?  
 17 A. That is correct.  
 18 Q. That can save us a bunch of questions.  
 19 A. Okay.  
 20 Q. Are you offering an opinion as to  
 21 whether nonasbestiform tremolite can cause ovarian  
 22 cancer?  
 23 A. I have already stated that my opinion  
 24 is based on the talc products, whatever is  
 25 contained in them.

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1 Q. Do you believe that background levels  
 2 of asbestos can cause ovarian cancer?  
 3 MS. PARFITT: Objection.  
 4 THE WITNESS: How do you define  
 5 "background levels"?  
 6 BY MS. DAVIDSON:  
 7 Q. Do you have an opinion as to whether  
 8 nonoccupational exposure to asbestos can cause  
 9 ovarian cancer?  
 10 MS. PARFITT: Objection.  
 11 THE WITNESS: I did not specifically  
 12 offer that opinion. I am aware of  
 13 organizations, such as IARC, that have  
 14 concluded that occupational exposure can  
 15 cause -- to asbestos can cause ovarian  
 16 cancer.  
 17 BY MS. DAVIDSON:  
 18 Q. My question was about nonoccupational  
 19 exposure.  
 20 A. Oh, I'm sorry. I'm sorry. I  
 21 misunderstood you. Nonoccupational exposure to  
 22 asbestos? I did not offer an opinion about that  
 23 from the standpoint that numerous organizations  
 24 have stated that asbestos is a carcinogen and that  
 25 there is no safe level. It seems plausible, but I

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1 have not offered an opinion about that.  
 2 Q. Are you familiar with any scientific  
 3 papers that address amount of exposure to asbestos  
 4 that's needed to cause ovarian cancer?  
 5 MS. PARFITT: Objection. Asked and  
 6 answered.  
 7 MS. DAVIDSON: Slightly different  
 8 question.  
 9 THE WITNESS: Okay. In -- in general,  
 10 as I've stated previously, there is  
 11 considered -- asbestos is not considered to  
 12 have any safe level of exposure.  
 13 I do not recall a paper that  
 14 specifically addressed the minimum level.  
 15 But in theory, it could be any level of  
 16 exposure to asbestos could cause ovarian  
 17 cancer.  
 18 BY MS. DAVIDSON:  
 19 Q. Well, are you familiar with the term  
 20 "fibrous talc"?  
 21 A. Yes, I have heard that term.  
 22 Q. Are you aware of any literature  
 23 linking exposure to fibrous talc to the  
 24 development of ovarian cancer?  
 25 A. The epidemiologic literature is

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1 addressing talc products. So whatever those  
 2 products contain, fibrous talc or any -- anything  
 3 else in those products, that is what is addressed  
 4 in the studies, and that's what informed my  
 5 opinions.  
 6 Q. Do you know what fibrous talc is?  
 7 A. Again, you're getting more into the --  
 8 the area of the people who are specialists in  
 9 minerals. I have read papers that have described  
 10 it, but it's certainly not my area of expertise.  
 11 Q. I'm just asking, do you know what it  
 12 is?  
 13 MS. PARFITT: I'm just going to object  
 14 to the extent this was thoroughly examined  
 15 at the time of her 2019 deposition.  
 16 BY MS. DAVIDSON:  
 17 Q. Do you know what --  
 18 (Simultaneous talking.)  
 19 MS. PARFITT: Okay. So answer that,  
 20 what the definition is of fibrous talc.  
 21 (Reporter clarification.)  
 22 BY MS. DAVIDSON:  
 23 Q. Do you know what the -- what fibrous  
 24 talc is? That's simply my question. Do you know  
 25 what it is or not?

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1 MS. PARFITT: Asked and answered.  
 2 MS. DAVIDSON: It wasn't answered.  
 3 MS. PARFITT: Objection. Asked and  
 4 answered.  
 5 THE WITNESS: Again, it is -- I have  
 6 read some of the papers describing some of  
 7 the mineral analyses, and I have seen that  
 8 term repeatedly. I cannot actually  
 9 describe, you know, fibrous talc from talc  
 10 generally.  
 11 BY MS. DAVIDSON:  
 12 Q. Have you published any papers on  
 13 asbestos?  
 14 A. No, I don't -- I don't believe I ever  
 15 have.  
 16 Q. Have you ever made any presentations,  
 17 university, scientific groups, about asbestos?  
 18 A. No, I have not.  
 19 Q. Can you identify asbestos on a slide?  
 20 A. No, I am not a laboratory scientist.  
 21 That's just not -- that's outside my area of  
 22 expertise.  
 23 Q. Have you reviewed any J&J internal  
 24 documents?  
 25 A. Before my, I guess, 2019 deposition, I

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1 did see some documents that were shared with me,  
 2 some of it discussing some analyses of asbestos --  
 3 asbestos in the talc products.  
 4 Q. Those are documents shared with you by  
 5 plaintiff's counsel?  
 6 MS. PARFITT: Actually, they were J&J  
 7 documents, but --  
 8 MS. DAVIDSON: Yeah.  
 9 MS. PARFITT: -- I believe so.  
 10 MS. DAVIDSON: Yeah.  
 11 MS. PARFITT: And they're listed,  
 12 again, on her 20 --  
 13 MS. DAVIDSON: On the original --  
 14 THE WITNESS: Yeah.  
 15 MS. PARFITT: -- 2018 report --  
 16 MS. DAVIDSON: Okay.  
 17 MS. PARFITT: -- and examined --  
 18 THE WITNESS: Yeah.  
 19 MS. PARFITT: -- in 2019.  
 20 BY MS. DAVIDSON:  
 21 Q. All right. So maybe a better way to  
 22 just move on past this whole topic is: Since your  
 23 deposition in 2019, have you looked at any J&J  
 24 company documents?  
 25 A. No, I don't believe I have.

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1 Q. I'm able to skip a whole page. Who  
 2 drafted your 2023 report?  
 3 A. Who drafted it? I did.  
 4 Q. Did the plaintiff's lawyer send you  
 5 any of the scientific materials or you found them  
 6 all yourself?  
 7 A. I think that it was probably a  
 8 combination. I think that nearly all of them I  
 9 probably found myself. I believe that a report by  
 10 Longo on asbestos -- his analysis of asbestos and  
 11 talc, I believe that was one that was shared by  
 12 counsel.  
 13 Q. I assume you're familiar with a paper  
 14 called "Davis 2021"?  
 15 A. Yes.  
 16 Q. Did you disclose that you were a  
 17 plaintiff's expert in conjunction with that paper?  
 18 A. I disclosed that I was being paid --  
 19 that I was involved in talc litigation and was  
 20 being paid for that -- talc -- talc --  
 21 Q. Why didn't you disclose which side  
 22 you're on?  
 23 A. When I first started -- became  
 24 involved in this, this was the first time I've  
 25 ever had to disclose anything. The phrasing that

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1 I typically use has something along the lines of:  
 2 I have received compensation from law firms in  
 3 relation to the talc and ovarian cancer  
 4 litigation. I have submitted that to the journal.  
 5 And I have never had any pushback from the journal  
 6 editors about that phrasing, and so that's what I  
 7 have stuck with.  
 8 Q. So does the disclosure to Davis make  
 9 clear that you've received money in connection  
 10 with the talc litigation?  
 11 A. Yes, it does.  
 12 Q. Did you tell the journal that you were  
 13 a paid plaintiff's expert in talc litigation?  
 14 A. I used the phrasing that I said, that  
 15 I have received -- something to the effect that I  
 16 have received compensation for work in relation to  
 17 the talc and ovarian cancer litigation.  
 18 I was not asked by the journal editors  
 19 to be more explicit. That's what I -- and so I  
 20 assume that that was an acceptable disclosure from  
 21 the standpoint of the editors.  
 22 Q. And who wrote the author's  
 23 disclosures, you or the paper -- or the journal?  
 24 A. We -- I -- there are two versions of  
 25 the paper, and I -- in the published version, that

<p style="text-align: right;">Page 114</p> <p>1 was what the journal wrote. And then there is the                  2 HHS public access version, which is the final                  3 submitted manuscript, and that one is -- has the                  4 phrasing that I believe that I submitted with this                  5 article.                  6 Q. So you're saying there's two different                  7 author disclosures in two different versions of                  8 this article?                  9 A. Yeah. So if you -- I mean, I don't                  10 know that we have both versions of it, but I know                  11 that the -- the phrasing in the published --                  12 published version is not phrasing that I have ever                  13 used. And going back to the HHS public access                  14 version, it has the phrasing that I typically                  15 used.                  16 Q. Understood.                  17 Do you think that the fact that you're                  18 a paid plaintiff's expert should affect the                  19 grading or weight assigned to your study?                  20 A. As I explained earlier, the -- an                  21 informed reader of that paper would look at it and                  22 they should evaluate, as they would no matter who                  23 the authors are, are there any issues with                  24 methodology, interpretation or whatever.                  25 I also think that an informed reader</p>	<p style="text-align: right;">Page 116</p> <p>1 paper, "Genital Powder Use and Risk of Epithelial                  2 Ovarian Cancer in the Ovarian Cancer in Women of                  3 African Ancestry Consortium."                  4 And if you look at Table 3, the OR --                  5 A. Okay. I'm going to -- let's see.                  6 This -- I have --                  7 Q. We just need to put a sticker on it.                  8 This is 7.                  9 A. Okay. I want to -- if you're looking                  10 at that version, I want to look at it because the                  11 one I have in my notebook is the public access                  12 version. Okay. So...                  13 Q. Let's just finish this question, and                  14 then we'll take a break.                  15 A. Okay.                  16 Q. I think where we were was that the --                  17 according to Table 3, right?                  18 A. Uh-huh.                  19 Q. The OR.                  20 A. Right. Go ahead with your question,                  21 please.                  22 Q. For African-American women who had                  23 ever used a body powder in genital areas and the                  24 development of ovarian cancer is not statistically                  25 significant, correct?</p>
<p style="text-align: right;">Page 115</p> <p>1 would look at this particular paper and would see                  2 that 1 of approximately 15 authors had this                  3 disclosure. I was neither the first author nor                  4 the senior author on this paper. So I would think                  5 that an informed reader would say that it probably                  6 had little to no effect on how the data were                  7 analyzed and interpreted.                  8 Q. The Davis paper did not find a                  9 statistically significant association between talc                  10 use by African-American women and the development                  11 of ovarian cancer, right?                  12 A. Once again, let me just pull that                  13 paper up.                  14 Q. Sure.                  15 MS. DAVIDSON: We can mark -- let's                  16 mark Davis as Exhibit 7.                  17 (MOORMAN EXHIBIT 7, AACR - Genital                  18 Powder Use and Risk of Epithelial Ovarian                  19 Cancer in the Ovarian Cancer in Women of                  20 African Ancestry Consortium, was marked for                  21 identification.)                  22 BY MS. DAVIDSON:                  23 Q. Let me just read the full title for                  24 the record. We're marking as Exhibit 7 a 2021                  25 paper. First author, C.P. Davis. Title of the</p>	<p style="text-align: right;">Page 117</p> <p>1 A. They report -- we reported an odds                  2 ratio of 1.22 with a confidence interval from                  3 1. -- or, rather, .97 to 1.53. So it was elevated                  4 risk that was not statistically significant.                  5 Q. Do you state in your 2023 expert                  6 report that Davis did not find a statistically                  7 significant association for African-American                  8 women?                  9 A. I recorded the values as reported.                  10 Increased risk of ovarian cancer among the entire                  11 studied population for African-American women and                  12 for white women, and the confidence intervals are                  13 reported there. So, yes, an informed reader will                  14 know whether or not those were statistically                  15 significant or not.                  16 Q. Do African-American women use genital                  17 talc more frequently than white women?                  18 A. That has been recorded in a number of                  19 studies, yes, that --                  20 Q. Did Davis find a dose-response?                  21 A. As I stated in my report, based on                  22 broad categorizations of either frequency or                  23 duration, they did not -- we did not report a                  24 dose-response. However, in the paper, we did note                  25 that we did not -- because of the availability of</p>



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1 data from the various studies, we did not have a  
 2 measure of both frequency and duration that would  
 3 allow the most accurate measure of dose.  
 4 Q. But just to be clear, there was no  
 5 dose-response either for duration or for  
 6 frequency, right?  
 7 MS. PARFITT: Objection. Asked and  
 8 answered.  
 9 THE WITNESS: I -- I just answered  
 10 that for you. I mean, maybe you could read  
 11 back my response. I --  
 12 BY MS. DAVIDSON:  
 13 Q. You agree that there was no finding of  
 14 a dose-response either for duration or frequency,  
 15 correct?  
 16 MS. PARFITT: Objection. Asked and  
 17 answered.  
 18 THE WITNESS: Like I said, I did -- I  
 19 did state that in my previous answer.  
 20 BY MS. DAVIDSON:  
 21 Q. It was lost in the long answer. So I  
 22 just want to make sure I have the record clear.  
 23 A. Okay. Once again, we did not find a  
 24 dose-response for frequency or duration as I noted  
 25 in my report based on broad categorizations.

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1 MS. DAVIDSON: Okay. Let's go off the  
 2 record.  
 3 \* \* \*  
 4 (Whereupon, there was a luncheon  
 5 recess in the proceedings from 12:10 p.m.  
 6 to 12:59 p.m.)  
 7 \* \* \*  
 8 BY MS. DAVIDSON:  
 9 Q. So we're going to go to your 2023  
 10 report, which is Exhibit 6, and we had started  
 11 talking about that. And I believe we talked about  
 12 Davis.  
 13 A. Uh-huh.  
 14 Q. And just to reorient us, I had a few  
 15 questions about a paper called Phung 2022.  
 16 A. Uh-huh.  
 17 Q. We can mark that, M.T. Phung, et  
 18 al. --  
 19 MS. PARFITT: I believe it's  
 20 Exhibit 8.  
 21 MS. DAVIDSON: Yeah. I'm about to say  
 22 that, 8. "Effects of risk factors for  
 23 ovarian cancer in women with and without  
 24 endometriosis." I'm going to mark it as  
 25 Exhibit 8. Our court reporter can't type

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1 and stamp at the same time. So that's why  
 2 I did the title first.  
 3 (MOORMAN EXHIBIT 8, Effects of risk  
 4 factors for ovarian cancer in women with  
 5 and without endometriosis, was marked for  
 6 identification.)  
 7 BY MS. DAVIDSON:  
 8 Q. Dr. Moorman, you're familiar with this  
 9 paper, correct?  
 10 A. Yes, I am.  
 11 Q. Are you familiar with any of the  
 12 authors on here?  
 13 A. I have met many of them over the  
 14 years.  
 15 Q. Who is Daniel Cramer?  
 16 A. Daniel Cramer, he's an ovarian cancer  
 17 epidemiologist. He's also a medical doctor. He  
 18 was the one who published probably the first  
 19 epidemiologic study noting an association --  
 20 increased risk of ovarian cancer with talc use.  
 21 And I understand that he is also a plaintiff  
 22 witness.  
 23 Q. Does this paper indicate somewhere  
 24 that Dr. Cramer is a plaintiff expert?  
 25 A. Yes. In the acknowledgments.

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1 Q. What does it say?  
 2 A. Wait. I'm sorry. He reports payment  
 3 for expert testimony from Ferraro Law Firm and  
 4 Ashbrook [sic] -- Ashcraft & Gerel law firm in  
 5 grant funding.  
 6 Q. And does this paper indicate that that  
 7 payment involves talc litigation?  
 8 A. No, it does not.  
 9 Q. And does it indicate whether he is an  
 10 expert for the plaintiff side or the defense side?  
 11 A. No, it does not state that in that  
 12 disclosure.  
 13 Q. So the average person reading this  
 14 paper wouldn't know that Dr. Cramer is a  
 15 plaintiff's expert, correct?  
 16 A. No, they would not know that from that  
 17 statement.  
 18 Q. And what's an open access article?  
 19 A. An open access --  
 20 Q. Uh-huh.  
 21 A. -- article? Just as the name implies,  
 22 that it is available to -- to anyone, that it does  
 23 not require a subscription to the journal.  
 24 Q. Is there a difference between open  
 25 access journals and other journals?



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1 A. Well, getting into a bit of it, for  
 2 some journals that are not open access, if you  
 3 want to access one of their articles, you either  
 4 have to be a subscriber or you have to pay a fee  
 5 for the article.  
 6 There is an NIH requirement that if --  
 7 work that is funded by NIH funding has to be  
 8 available in this -- as they describe here, the  
 9 HHS public access, meaning that it's freely  
 10 available.  
 11 Q. Do open access journals have the same  
 12 publication standards as other journals?  
 13 A. I mean, you're talking about a whole  
 14 range of journals, and there's a range of  
 15 standards with -- within every journal. But  
 16 generally, open access journals, speaking in very  
 17 general terms, they would go through a peer review  
 18 process, just like a non-open access journal.  
 19 Q. Got it. I just didn't know.  
 20 Have you ever spoken with Dr. Cramer?  
 21 A. Yeah, I have. Not in quite a few  
 22 years, but I have spoken to him in the past.  
 23 Q. About this litigation?  
 24 A. Never about this litigation.  
 25 Q. Have you ever spoken to any of

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1 plaintiff's experts about this litigation?  
 2 A. No. Not to my knowledge, no.  
 3 Q. Have you ever spoken to any of your  
 4 professional colleagues about this litigation?  
 5 A. I have spoken to several of my  
 6 colleagues that I am involved in it. I have not  
 7 discussed really any of the specifics of it, you  
 8 know, like not going through articles and  
 9 expressing my opinion or asking their opinion  
 10 about any articles. It's always been in very  
 11 general terms of this is something that I am  
 12 doing.  
 13 Q. And is the involvement of a  
 14 plaintiff's expert one factor that you consider in  
 15 weighing the reliability of an article?  
 16 A. Again, as we discussed, when looking  
 17 at whether or not there is any potential conflicts  
 18 of interest, it's like, sure, it's something that  
 19 you might consider. But what really drives it is  
 20 that -- the same thing that drives any evaluation  
 21 of an article, mainly just looking at the  
 22 methodology and -- and the interpretations.  
 23 Q. Is family history a risk factor for  
 24 ovarian cancer?  
 25 A. You need to be more specific.

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1 Q. Is a family history of ovarian cancer  
 2 considered to be a risk factor for ovarian cancer?  
 3 A. Yes. You asked only about family  
 4 history, but a family history of ovarian cancer is  
 5 a risk factor -- is considered a risk factor.  
 6 Q. If you look at Table 2 of the Phung  
 7 paper, what's the reported odds ratio for  
 8 first-degree family history of ovarian cancer with  
 9 endometriosis?  
 10 A. So -- okay. The printing on this  
 11 version of it is a little wonky. That's why  
 12 it's taking a minute.  
 13 So among women with endometriosis,  
 14 those that have a first-degree family history of  
 15 ovarian cancer, the odds ratio is 1.58.  
 16 Q. And what about for first-degree  
 17 history of ovarian cancer without endometriosis?  
 18 A. For them, the odds ratio is 2.20.  
 19 Q. So just to make sure I understand,  
 20 does this paper report a higher odds ratio for  
 21 family history without endometriosis?  
 22 A. Yes. The -- the point estimate is  
 23 among women without a -- who did not report a  
 24 history of endometriosis, the odds ratio for a  
 25 family -- first-degree family history of ovarian

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1 cancer was 2.20. And for women with  
 2 endometriosis, they reported 1.58. And you can  
 3 see there's considerable overlap in the confidence  
 4 intervals --  
 5 Q. Why is the overlap in the confidence  
 6 intervals relevant?  
 7 A. It's -- so their best estimate of that  
 8 association is what's reported in the point  
 9 estimate, the odds ratio. And then the confidence  
 10 intervals gives a range of values with which the  
 11 data are statistically compatible.  
 12 And so one way to think about it is,  
 13 like, if you repeated the experiment many times,  
 14 you might come up with a slightly higher estimate  
 15 or a slightly lower estimate. But you can see  
 16 that the confidence intervals overlap. So there's  
 17 a lot of overlap in the range of values for which  
 18 the data are statistically compatible.  
 19 Q. Got it.  
 20 And that's the same thing we found in  
 21 O'Brien for the hazard ratio for patent and  
 22 nonpatent women, right?  
 23 A. That there was -- yes, I did  
 24 acknowledge that there was considerable overlap in  
 25 those odds ratios.

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1 Q. Is there any reason why having  
 2 endometriosis would cause the known risk factor of  
 3 first-degree family history for ovarian cancer to  
 4 become attenuated?  
 5 MS. PARFITT: Objection.  
 6 THE WITNESS: One could -- I think --  
 7 let me start again.  
 8 I cannot think of a reason of that --  
 9 why that would be the case, but I think  
 10 that this is just possibly reflecting  
 11 some -- a little bit of random variation.  
 12 It's -- you know, in this particular study,  
 13 they found an odds ratio of 1.58 among  
 14 women who had a history of endometriosis.  
 15 In other studies, it might be a bit lower  
 16 or a bit higher.  
 17 BY MS. DAVIDSON:  
 18 Q. So you're saying, rather than  
 19 endometriosis protecting you from ovarian cancer  
 20 when you have a family risk, this may just be a  
 21 numbers issue?  
 22 A. It may be a numbers issue. It may be  
 23 some biological mechanism of which I am unaware.  
 24 Q. Could you turn to Table 1? Are you  
 25 looking at Supplementary Table 1?

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1 A. I didn't realize you said  
 2 "supplementary."  
 3 Q. I probably screwed up. I apologize.  
 4 A. Okay. This -- the version that you  
 5 provided to me does not -- does not have  
 6 Supplemental Table --  
 7 MS. DAVIDSON: Asher, can we mark  
 8 Supplemental Table 1 of Phung as -- as our  
 9 next exhibit. I didn't realize it wasn't  
 10 stapled to the back.  
 11 THE WITNESS: Okay.  
 12 MS. DAVIDSON: So we're marking  
 13 Supplemental Tables 2 Phung as Exhibit  
 14 Number --  
 15 MS. PARFITT: 9.  
 16 MS. DAVIDSON: -- as Exhibit Number 9.  
 17 (MOORMAN EXHIBIT 9, Supplemental Table  
 18 1 and 2 Phung, was marked for  
 19 identification.)  
 20 BY MS. DAVIDSON:  
 21 Q. Did you look at these supplementary  
 22 tables when you reviewed Phung?  
 23 A. I did.  
 24 Q. You did?  
 25 A. Yes, I did.

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1 Q. Is it your typical practice to look at  
 2 supplemental tables when you review a study?  
 3 A. I often do, yes.  
 4 Q. Okay. I'm looking at these  
 5 supplemental tables. And if you go down to  
 6 "Talc use," Page 2, it shows talc use, genital  
 7 use, never, nongenital use, and then it says  
 8 missing, right?  
 9 A. Correct.  
 10 Q. And as I read it, there's a lot of  
 11 data missing on talc use, right?  
 12 A. Correct.  
 13 Q. In every column, it's somewhere around  
 14 40 percent, right?  
 15 A. That is correct.  
 16 Q. So both for cases/controls with  
 17 endometriosis, without endometriosis, there's a  
 18 lot of missing information there, right?  
 19 MS. PARFITT: Objection. Form.  
 20 THE WITNESS: They report -- yes, they  
 21 report missing values of roughly 40  
 22 percent.  
 23 BY MS. DAVIDSON:  
 24 Q. And if you look at the supplemental  
 25 table -- they call it "Supplementary Table" -- for

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1 each characteristic, they tell you how much data  
 2 are missing, right?  
 3 A. Uh-huh.  
 4 Q. And there's a percentage for each  
 5 characteristic. And talc is, by far, the one with  
 6 the highest amount of missing data; is that  
 7 correct?  
 8 MS. PARFITT: Objection. Form.  
 9 THE WITNESS: Yes.  
 10 BY MS. DAVIDSON:  
 11 Q. Do you know why so much data are  
 12 missing?  
 13 A. I would presume that there may have  
 14 been some of the included studies that did not  
 15 include that question on their questionnaire.  
 16 Q. Did -- did the volume of missing data  
 17 affect in any way your analysis of this paper?  
 18 A. It -- it really did not because it  
 19 would -- within that subset of women who had  
 20 missing data, it would not have differed; like,  
 21 you know, the cases were reporting it, and the  
 22 controls were not. I don't think that there was  
 23 any difference. I think that is -- there just  
 24 might have been some studies that did not ask  
 25 about --

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1 Q. So -- so when you discussed Phung in  
 2 your paper -- in your report -- in your 2023  
 3 supplemental report, you don't mention that  
 4 there's -- approximately 40 percent of the data  
 5 were missing, right?  
 6 A. No. I think that's a  
 7 mischaracterization. It's not missing -- not a  
 8 huge amount of missing data from a single study,  
 9 which might raise some different concerns.  
 10 It's -- apparently, there were just some studies  
 11 that did not have that data available or -- or  
 12 perhaps in a form that was compatible with how the  
 13 others collected it.  
 14 Q. My question was just simply: You  
 15 don't address Supplemental Table 1 and the missing  
 16 data in your report, correct?  
 17 A. No, I do not.  
 18 MS. PARFITT: Objection.  
 19 BY MS. DAVIDSON:  
 20 Q. Thank you.  
 21 Can we go back to O'Brien 2020, which  
 22 I believe is Exhibit 2. You commented in your  
 23 paper -- in your report that women who had ovarian  
 24 cancer prior to baseline were excluded, right? Do  
 25 you recall discussing that in your report?

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1 A. I did.  
 2 Q. And you state in your report: If talc  
 3 use is more strongly associated with ovarian  
 4 cancer diagnosed at younger ages, the use of  
 5 cohorts of older women would be less able to  
 6 detect such an association.  
 7 Do you recall saying that?  
 8 A. I do.  
 9 Q. Can you point to any studies that show  
 10 that talc is more strongly associated with ovarian  
 11 cancer diagnosed at younger ages?  
 12 A. I believe that -- just one moment. I  
 13 recall that one of the papers that Dan Cramer was  
 14 a co-author on -- and I'm not sure exactly which  
 15 one it was, but -- did report a stronger  
 16 association for premenopausal women.  
 17 Q. Are you offering an opinion in this  
 18 litigation that talc use is more strongly  
 19 associated with ovarian cancer diagnosed at  
 20 younger ages?  
 21 A. I am not offering any opinion in that  
 22 regard.  
 23 Q. Okay. Then we don't have to talk  
 24 about it anymore.  
 25 A. Okay.

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1 Q. So is it fair to say that was just --  
 2 that sentence was just -- was that sentence  
 3 speculative?  
 4 MS. PARFITT: Objection. Form.  
 5 THE WITNESS: What I was pointing out  
 6 with that statement is that -- potential  
 7 limitations of studies. And a potential  
 8 limitation of this study, the Women's  
 9 Health Initiative, the -- the women were 63  
 10 years old on average when they were  
 11 enrolled in the cohort. And so it is a  
 12 potential concern. That's what I was  
 13 pointing out.  
 14 BY MS. DAVIDSON:  
 15 Q. And is that a potential concern for  
 16 the NHS studies or the sister study?  
 17 A. It's actually a concern for -- for --  
 18 for all of them. I mean, that's across the board.  
 19 It's like, you know, from the point that -- you  
 20 know, as we often do, we have some concerns about  
 21 potential limitations of the study and all of  
 22 these -- and to some -- I mean, the Women's Health  
 23 Initiative is the most extreme where the -- the  
 24 age of the cohort was the oldest. But it's a  
 25 concern with -- with all of them to some extent.

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1 Q. What are the strengths of the O'Brien  
 2 paper?  
 3 A. So some of the strengths of it are  
 4 that it does have a pretty large sample size.  
 5 It's generally the -- the studies were  
 6 well-conducted studies by, you know, strong  
 7 investigators, although none of them were actually  
 8 designed specifically to address ovarian cancer.  
 9 And so as in cohort studies in  
 10 general, they're able to address a lot of  
 11 different risk factors. But in general, they tend  
 12 to get -- have less detail on some of the  
 13 exposures.  
 14 So like any cohort studies, there are  
 15 some strengths in terms of the sample size, the  
 16 fact that the data were collected before the  
 17 diagnosis of -- of ovarian cancer. But then those  
 18 are balanced with some of the limitations of any  
 19 cohort study as well.  
 20 Q. Do you list in your report any -- do  
 21 you have a section in your report where you list  
 22 the strengths of the O'Brien paper?  
 23 A. I did not specifically.  
 24 MS. DAVIDSON: Okay. Let's talk about  
 25 Woolen 2022. Let's mark that paper as

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1 Exhibit 10. Exhibit 10. And the title of  
 2 the paper is S.A. Woolen, et al.,  
 3 "Association Between the Frequent Use of  
 4 Perineal Talcum Powder Products and Ovarian  
 5 Cancer: a Systematic Review and  
 6 Meta-analysis. 2022.  
 7 (MOORMAN EXHIBIT 10, Association  
 8 Between the Frequent Use of Perineal Talcum  
 9 Powder Products and Ovarian Cancer: a  
 10 Systematic Review and Meta-analysis, was  
 11 marked for identification.)  
 12 BY MS. DAVIDSON:  
 13 Q. Are you familiar with any of the  
 14 authors of the Woolen paper?  
 15 A. I don't believe that I've ever met any  
 16 of them in person.  
 17 Q. Who is the senior author?  
 18 A. The last author is Rebecca  
 19 Smith-Bindman.  
 20 Q. And have you heard her name before you  
 21 read this paper?  
 22 A. I believe that I have read some of her  
 23 other work, and I understand that she is an expert  
 24 in this litigation.  
 25 Q. Have you read her expert -- any of her

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1 expert reports in this litigation?  
 2 A. Not that I recall.  
 3 Q. Are you aware that this meta-analysis  
 4 stemmed from her expert report?  
 5 MS. PARFITT: Objection.  
 6 THE WITNESS: I do not. I mean, all I  
 7 know about this report is what's in the  
 8 paper. There's no mention of that, to my  
 9 knowledge, in the paper. I don't recall  
 10 that being mentioned.  
 11 BY MS. DAVIDSON:  
 12 Q. So you didn't know she did a  
 13 meta-analysis for the litigation?  
 14 A. I don't recall reading a report -- her  
 15 report, so I don't know what she did or did not  
 16 do.  
 17 Q. So I take it you didn't compare the  
 18 Woolen paper to the meta-analysis she did in the  
 19 litigation?  
 20 A. No, I don't. I -- I don't recall  
 21 reading a report from her.  
 22 Q. Do you know that Dr. Woolen received  
 23 Dr. Smith-Bindman's litigation report before  
 24 beginning this paper?  
 25 MS. PARFITT: Objection. Form.

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1 THE WITNESS: Again, what I know about  
 2 it is what's in this article, and I don't  
 3 believe there was any mention of that.  
 4 BY MS. DAVIDSON:  
 5 Q. Would the fact that Dr. Woolen  
 6 received Dr. Smith-Bindman's litigation report  
 7 before setting out to do this study affect your  
 8 grading or weighting of the study's quality?  
 9 A. Again, it's -- knowing that one of the  
 10 authors was a plaintiff's expert, certainly what  
 11 it does is it just makes me evaluate the  
 12 methodology, and was there anything that I found  
 13 particularly concerning about the methodology or  
 14 the interpretation. That's how I would take that  
 15 knowledge into consideration.  
 16 Q. At the top of this paper, the  
 17 background says: Risk of ovarian cancer in women  
 18 with frequent perineal talcum powder product use  
 19 is not well understood.  
 20 Do you agree with that?  
 21 MS. PARFITT: You're referencing the  
 22 background?  
 23 MS. DAVIDSON: The very first  
 24 sentence.  
 25 MS. PARFITT: She's looking at that.

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1 Thank you.  
 2 THE WITNESS: I think that the  
 3 modifier the -- frequent perineal talcum  
 4 powder use, the "frequent" is the modifier.  
 5 And I think that that's what they were  
 6 trying to get at, that there has not been a  
 7 systematic review that focused on frequent  
 8 use.  
 9 So from the standpoint that it's not  
 10 well understood, there have not been a lot  
 11 of data. At least they have not been  
 12 combined into a systematic review like  
 13 that.  
 14 So I -- I can see where they're coming  
 15 from, and I think that it's a fair  
 16 statement for what they're getting at.  
 17 BY MS. DAVIDSON:  
 18 Q. How did the authors decide to define  
 19 "frequent use" as 2 times -- at least 2 times per  
 20 week?  
 21 A. They do not describe their reasoning  
 22 for it. They define what they, you know -- like  
 23 any paper, you make decisions about what you're  
 24 going to analyze, and you just need to be -- just  
 25 lay it out. This is what she did. And they

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1 didn't explain why they set that cut point.  
 2 Q. Are you aware of any papers prior to  
 3 Woolen that defined frequent powder use  
 4 differently than at least 2 times per week?  
 5 MS. PARFITT: Objection. Form.  
 6 THE WITNESS: Generally, papers would  
 7 have some -- if they had some measure of  
 8 frequency, they would just lay out the  
 9 categories what they had, you know, if it  
 10 was once a week or how many times per  
 11 month, you know, one time a month, you  
 12 know, five to ten times a month or  
 13 whatever. I don't think that it's typical  
 14 to say -- to say this is frequent; this is  
 15 infrequent.  
 16 BY MS. DAVIDSON:  
 17 Q. Well, this paper says that more than 2  
 18 times a week is frequent, right?  
 19 A. That's how they defined it. And like  
 20 I said, when you do an analysis, they are just  
 21 saying how they defined this exposure. Frequent  
 22 use defined as.  
 23 And, you know, another person might  
 24 disagree with, no, that's infrequent or that's not  
 25 frequent enough. But as long as the authors are

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1 clear on what -- what they're defining it as, it's  
 2 easy to interpret the data, and it's fair to  
 3 interpret the data like that.  
 4 Q. I think you didn't understand my  
 5 question, which was: Are you familiar with any  
 6 other talc literature in this body of literature  
 7 that we're discussing here today that defined  
 8 "frequent use" differently?  
 9 MS. PARFITT: Objection. Excuse me.  
 10 Objection. Form.  
 11 THE WITNESS: I believe that I've  
 12 answered your question. They don't  
 13 typically say this is frequent; this is  
 14 infrequent. They just put the categories  
 15 of use when they're talking about  
 16 frequency.  
 17 BY MS. DAVIDSON:  
 18 Q. These authors say frequent, right?  
 19 Frequent is at least 2 times per week, right?  
 20 A. And that is the decision that they  
 21 made. They wanted to look at women who were using  
 22 it more frequently, what -- and they delineated  
 23 the cut point that they used and -- so, again,  
 24 it's -- a different set of investigators might  
 25 have defined it differently. But they're being

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1 transparent, I think, about what they -- what they  
 2 defined.  
 3 Q. Right. But my question simply is  
 4 just: Are you aware of any papers that have a  
 5 different cut point for frequency?  
 6 MS. PARFITT: Objection. Asked and  
 7 answered.  
 8 MS. DAVIDSON: No, it hasn't been  
 9 answered.  
 10 MS. PARFITT: I believe it has.  
 11 THE WITNESS: I don't -- I -- what I  
 12 have answered repeatedly is that,  
 13 typically, when they talk about frequency,  
 14 they give the categories that they used. I  
 15 don't -- I don't think that it is very  
 16 common to say frequent or infrequent. They  
 17 just report the categories they used.  
 18 BY MS. DAVIDSON:  
 19 Q. But this paper reports frequent or  
 20 infrequent, right?  
 21 A. They -- they are -- they describe what  
 22 they hoped to do, to look at use among more  
 23 frequent users. Then they had to set a cut  
 24 point --  
 25 Q. Right.

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1 A. -- because there would be -- and so  
 2 they -- they put it out there that what they  
 3 wanted to look at are those women who had used it  
 4 2 or more times per week.  
 5 Q. Right. Totally agree. And I'm  
 6 asking: Are there any other papers in this whole  
 7 body of literature that also defined "frequent"  
 8 with a cut point but use a different cut point?  
 9 That's all I'm asking.  
 10 A. I don't recall --  
 11 Q. Okay.  
 12 A. -- anyone -- I -- I just don't recall  
 13 any people -- I don't recall people defining  
 14 frequent, infrequent, like -- they just report the  
 15 categories of frequency of use. That's what I  
 16 recall from the papers.  
 17 Q. So this is the only paper that you can  
 18 think of that has a cut point for the use of the  
 19 word "frequent"?  
 20 MS. PARFITT: Objection. Misstates  
 21 her testimony.  
 22 THE WITNESS: What they were doing  
 23 there is they wanted to set, basically, a  
 24 minimum level --  
 25 BY MS. DAVIDSON:



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1 Q. Right.

2 A. -- of frequency of use.

3 Q. Right.

4 A. And they just put it out there. And I

5 think -- I think it's fine. It's -- it's --

6 Q. No, I know you think it's fine. I'm

7 just asking whether you know whether any other

8 papers define "frequent" with a different cut

9 point. That's all I'm asking.

10 MS. PARFITT: Again, objection. It's

11 been asked, and it's been answered

12 exhaustively. I'm not sure she can answer

13 better.

14 THE WITNESS: I -- I truly do not -- I

15 think I've answered the question about

16 three times already.

17 BY MS. DAVIDSON:

18 Q. And the answer is, no, you don't know

19 of another paper that uses the term "frequent"

20 with a different cut point?

21 MS. PARFITT: Objection. That's not

22 her testimony. Misstates.

23 BY MS. DAVIDSON:

24 Q. So it's a "yes" or "no."

25 A. What I --

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1 MS. PARFITT: It's neither.

2 THE WITNESS: What I have stated is,

3 what I typically recall from the papers is

4 they report the categories of frequency.

5 And I don't recall papers saying this is

6 frequent; this is infrequent. This is

7 basically their inclusion criteria for the

8 studies that they wanted to include for the

9 purpose of looking at women who had used

10 talc more frequently.

11 BY MS. DAVIDSON:

12 Q. Is the reliability of a meta-analysis

13 contingent on proper selection of studies and

14 datasets?

15 A. Yes.

16 Q. And fair to say that the authors of a

17 meta-analysis can skew the results based on

18 selection of studies -- right?

19 MS. PARFITT: Objection.

20 BY MS. DAVIDSON:

21 Q. -- based on how they select studies?

22 A. It is important for authors to be

23 transparent about the inclusion criteria that they

24 set out. They go through and they describe what

25 they did, and it's a pretty typical description of

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1 what you do with a meta-analysis.

2 And with selection of studies, a

3 different investigator might make a different

4 decision. But it's -- these -- the results

5 they're presenting here are the results from

6 studies that reported frequent use defined as that

7 minimum level.

8 And, you know, so the results should

9 be appropriate for studies that met that inclusion

10 criteria. And I wouldn't consider that skewing

11 the results.

12 Q. My question simply was: Is there a

13 risk that authors of a meta-analysis can skew the

14 results based on how they define inclusion

15 criteria --

16 MS. PARFITT: Objection. Form.

17 BY MS. DAVIDSON:

18 Q. -- generally?

19 MS. PARFITT: Objection. Form.

20 THE WITNESS: If someone did not do a

21 meta-analysis according to typical

22 standards, and they did some very

23 outrageous exclusion or inclusion of

24 studies, they could skew the results.

25 But when it's laid out how they did

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1 it, and you might disagree with some of the

2 decisions, but I don't think the results

3 would be skewed if they clearly lay out

4 their inclusion criteria and how they

5 selected their studies.

6 BY MS. DAVIDSON:

7 Q. So is it your testimony that as long

8 as the authors state their inclusion criteria,

9 there's no concern that they are skewing results

10 based on the decisions they're making?

11 A. What I am saying is, I don't really

12 like the phrasing "skewing the results." Like,

13 they're making a decision to define "frequency" as

14 at least 2 times -- 2 or more times per week.

15 Someone else might disagree with that and say, no,

16 frequent use has to be at least 5 times a week.

17 And that's not skewing the results. It's just,

18 like -- it's making a decision.

19 And then it's -- if they're following

20 the normal, standard procedures for doing a

21 meta-analysis, then the results are what they are

22 for that set of articles. And as long as they're

23 transparent, I would not consider the results to

24 be skewed. It's the results for that set of

25 studies.

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1 Q. What's the Newcastle-Ottawa Scale?

2 A. It is one of several scales that --

3 that are sometimes used in meta-analyses to rate

4 the quality of studies. There are a number of

5 criteria that can be applied. And basically, it

6 gives you -- can give you an idea of some of the

7 studies that are perhaps stronger and some that

8 are weaker by the criteria they lay out.

9 Q. Is that -- is it objective or

10 subjective?

11 A. It is -- it's truly both. You come up

12 with a number, but it is -- which sounds

13 subjective. But along the way it's sometimes

14 difficult to say, you know, did they do a good job

15 on selection, or did they adequately control for

16 confounding?

17 And so, you know, someone might say,

18 well, they controlled for confounding, but they

19 didn't control for all the possible confounders.

20 So there is some subjectivity in the -- applying

21 the criteria. And so you use a somewhat

22 subjective criteria, and you wind up with a number

23 that is somewhat objective.

24 Q. If you look at Table 1, which study

25 receives the highest score?

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1 A. It was the data from the Nurses'

2 Health Study.

3 Q. Do you agree with that assessment?

4 A. I -- I'm -- you know, I have never --

5 I think that the Nurses' Health Study is a

6 well-designed study overall. I think that it's

7 generally a strong study, but it does have

8 limitations. And then the difference between that

9 9 and then the 8s for most of the case-control

10 studies, all of that means they're pretty --

11 they're good studies.

12 Q. Do you recall any other paper that you

13 reviewed in this litigation that also used

14 Newcastle-Ottawa Scale?

15 A. I'm not -- I mean, the

16 Newcastle-Ottawa Scale is one of several scales

17 that are -- have been used in meta-analysis to

18 assess study quality.

19 And, you know, I have reviewed several

20 meta-analyses in the course of reviewing all of

21 this. And I do not recall which used

22 Newcastle-Ottawa's Scale, which used maybe the

23 Cochrane Scale, and I think there are several

24 others. So I just --

25 Q. So you don't recall that Taher 2019

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1 also used the Newcastle-Ottawa Scale?

2 A. I didn't recall that specifically, no.

3 Q. And did you compare the scores that

4 Woolen gave to these studies versus the scores

5 that Taher gave these studies?

6 A. I did not.

7 Q. If you look at the Whittenmore paper

8 here, you can see that Woolen and Smith-Bindman

9 give the Whittenmore study a score of 8 -- a 7,

10 correct?

11 A. Yes, I do see that.

12 Q. Does that 7 connote a strong study?

13 A. I mean, it's -- I think that it

14 connotes a study that is overall pretty good, but

15 some limitations as well. There's no perfect

16 study.

17 Q. Do you know why Woolen would have

18 assigned higher ratings to most of the

19 case-control studies than Taher did?

20 A. I wouldn't know that. As I said,

21 there is some subjectivity in applying each of the

22 criteria scores, and so it would not be completely

23 out of question that different evaluators might be

24 more rigid or more lenient.

25 Q. Do you have a view as to whether these

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1 scores provided by Woolen under the

2 Newcastle-Ottawa Scale are more or less reliable

3 than the very different scores that are in the

4 Taher paper?

5 MS. PARFITT: Objection. Form.

6 THE WITNESS: I -- I don't know what

7 the thought process was for either set of

8 investigators. You know, I -- I do know

9 from using similar scales that there is

10 some subjectivity in it, and it's not

11 necessarily reflecting any bias on the part

12 of the investigator. But it's -- sometimes

13 it's just hard to get the information

14 because it might not be well reported in

15 some paper. I don't know what their

16 thought processes were.

17 BY MS. DAVIDSON:

18 Q. If we could turn to Page 2531. At the

19 bottom of Page 2531, the Woolen paper states that

20 the studies were of high quality. Do you see

21 that? Right at the end of Page 2531. Almost at

22 the end of that page. 2531. Right at the bottom.

23 Under "Strengths."

24 A. Yes.

25 Q. The author states: the included

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1 studies were of high quality.  
 2 Do you see that?  
 3 A. Yes.  
 4 Q. That's very different from what Taher  
 5 said, correct?  
 6 MS. PARFITT: Objection. Form.  
 7 THE WITNESS: I'm not sure exactly  
 8 what statement you're referring to in the  
 9 Taher report.  
 10 BY MS. DAVIDSON:  
 11 Q. Have you forgotten that we discussed  
 12 right before lunch that Taher said the quality of  
 13 the evidence was very low?  
 14 A. You're talking about two different  
 15 things here. This is -- that is not talking to  
 16 the quality of individual studies.  
 17 Q. You don't think Taher was talking  
 18 about the quality of the individual studies?  
 19 A. I think that he was talking about some  
 20 of the limitations in the -- but I think that it's  
 21 not a direct apples-to-apples comparison. I think  
 22 that it is possible to have high-quality studies  
 23 that still have some limitations.  
 24 Q. But Taher gave lower points on the  
 25 Newcastle-Ottawa Scale to all these studies. Is

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1 that also not an apples-to-apples comparison?  
 2 MS. PARFITT: Objection. Form.  
 3 Misstates the evidence.  
 4 THE WITNESS: You know, again, I do  
 5 not recall the -- the scores right off that  
 6 he gave on this scale. I already stated  
 7 that I didn't do a comparison. And I've  
 8 explained that there is some subjectivity  
 9 in assigning the scores, and I don't know  
 10 what their thought processes were.  
 11 BY MS. DAVIDSON:  
 12 Q. Did the authors of Woolen use all  
 13 women from the NHSI study with frequent use in  
 14 their meta-analysis?  
 15 A. Okay. They indicate that they  
 16 included women with intact fallopian tubes.  
 17 Q. Where are you reading from?  
 18 A. It is in the footnote to Table 2.  
 19 Q. Uh-huh. Footnote 5?  
 20 A. Yes.  
 21 Q. And why do they say they did that?  
 22 A. They said to harmonize with other  
 23 publications.  
 24 Q. Are there any other publications  
 25 listed in Table 2 that are limited to patent

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1 women?  
 2 A. Right offhand, I don't know -- I don't  
 3 know.  
 4 Q. So you don't know what, if any,  
 5 publications they were trying to harmonize to,  
 6 correct?  
 7 A. No, I do not.  
 8 Q. Did O'Brien provide data for all  
 9 women?  
 10 MS. PARFITT: Objection. Form.  
 11 BY MS. DAVIDSON:  
 12 Q. To Woolen?  
 13 A. They -- they say data -- the data from  
 14 NHSI were provided and described in Supplemental  
 15 Table 1. But it is not entirely clear to me did  
 16 they provide it for all women in the study or only  
 17 those -- I don't know -- they don't specify.  
 18 Q. Did you look at Supplemental Table 1?  
 19 A. I -- I don't have it here. Do you --  
 20 Q. Do you recall if you looked at it in  
 21 evaluating the paper?  
 22 A. I know that I looked at the  
 23 supplemental data just trying --  
 24 MS. PARFITT: I'm going to get it to  
 25 you, yep.

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1 MS. DAVIDSON: We're going to mark it  
 2 as an exhibit.  
 3 THE WITNESS: Okay.  
 4 MS. PARFITT: Mine is marked up. I  
 5 don't think you're going to approve of  
 6 that. Mine has marks on it, so let's get a  
 7 clean one.  
 8 MS. DAVIDSON: Exhibit 11. I'm sorry?  
 9 MS. PARFITT: I said, mine has marks  
 10 on it, so let's get a clean one.  
 11 MS. DAVIDSON: Yeah, let's not use  
 12 that.  
 13 MS. PARFITT: I'm sure you won't like  
 14 mine.  
 15 MS. DAVIDSON: We're going to mark as  
 16 Exhibit 11 Supplementary Table 1.  
 17 (MOORMAN EXHIBIT 11, Supplementary  
 18 Table 1, was marked for identification.)  
 19 THE WITNESS: Okay. In  
 20 Supplemental -- Supplementary Table 1 --  
 21 let's see. Yeah, they -- they report that  
 22 they got data from all women. And then  
 23 they separate out the data for the women  
 24 with patent, have fallopian tubes.  
 25 BY MS. DAVIDSON:

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1 Q. Would there have been more ovarian  
 2 cancer cases if Woolen had done its analysis with  
 3 all women?  
 4 A. Yes, there would have been.  
 5 Q. Have you done any analysis as to how  
 6 that might change the -- might have changed the  
 7 reported OR for this paper?  
 8 A. I have not done any analysis in that  
 9 regard, no.  
 10 Q. Do you know if it would have been  
 11 lower?  
 12 MS. PARFITT: Objection. Form.  
 13 THE WITNESS: The adjusted hazard  
 14 ratio for all women was 1.27. Again,  
 15 statistically significantly increase, but  
 16 it was lower than what they observed for  
 17 the women -- or what they reported for the  
 18 women with the patent fallopian tubes,  
 19 which was 1.40.  
 20 BY MS. DAVIDSON:  
 21 Q. That was for daily users?  
 22 A. Right.  
 23 Q. And what are the criteria for this  
 24 paper?  
 25 A. Okay. The criteria for including a

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1 study was that it had to be 2 or more times per  
 2 week. And then in Table 2 of the main paper, they  
 3 specify the talc exposure that they apparently  
 4 considered frequent use, and it was daily in the  
 5 O'Brien study.  
 6 Q. While we're looking at Table 2, under  
 7 specification of talc exposure, are any of those  
 8 frequencies listed there less than 4 times a week?  
 9 A. No. The -- Mills reports their  
 10 highest category of exposure was 4 to 7 times per  
 11 week. And I believe that's what they did, that  
 12 they -- I believe that they were looking at the  
 13 women in the highest category of use.  
 14 Q. Do you know why it says on Page 1 that  
 15 they looked at 2 times per week or more use, when  
 16 Table 2 shows that, actually, they only used data  
 17 for 4 times or more per week use?  
 18 MS. PARFITT: Objection. Form.  
 19 THE WITNESS: Once again, it was --  
 20 they established that criteria that a study  
 21 had to -- apparently, that's the criteria  
 22 they established; that to be included in  
 23 their analysis, they had to have this  
 24 exposure of at least 2 times a week.  
 25 And then I believe they went on to --

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1 to say but what they actually analyzed were  
 2 the most frequent -- the highest level of  
 3 exposure reported in the study. And it  
 4 just would be, in this case, among those  
 5 studies that met their criteria of  
 6 reporting on use at least 2 times a week,  
 7 all of the studies had 4 times a week or  
 8 more that --  
 9 BY MS. DAVIDSON:  
 10 Q. Would it have been more accurate to  
 11 state in the background that they actually did a  
 12 meta-analysis of data for 4 times or more per week  
 13 use?  
 14 MS. PARFITT: Objection.  
 15 THE WITNESS: So, once again, it's  
 16 like they set out these criteria. "A study  
 17 would be included if," and so if they  
 18 reported use on at least 2 times a week.  
 19 So that was -- this is the cut point they  
 20 used for including the study or not.  
 21 Then they went through looking at all  
 22 the studies. And it's like these 11  
 23 studies met that criteria of having at  
 24 least 2 times a week, but they actually had  
 25 greater than 2 times a week.

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1 So it's kind of like the distinction  
 2 between what is the minimum level to be  
 3 included as one of the studies versus what  
 4 was actually done in that study.  
 5 BY MS. DAVIDSON:  
 6 Q. Do you know how many of the papers  
 7 listed here as 1 through 11 provide hazard ratios  
 8 for 2 or more times per week of use?  
 9 A. No, I have not gone through them  
 10 individually to look at that.  
 11 Q. Do you know whether the risk ratios  
 12 reported in these papers for 2 times per week or  
 13 more of use differ from those set forth in Table  
 14 2?  
 15 MS. PARFITT: Objection.  
 16 THE WITNESS: Please repeat that  
 17 question. I didn't catch it.  
 18 MS. DAVIDSON: Can you repeat it?  
 19 (The following question was read back:  
 20 Q: Do you know whether the risk  
 21 ratios reported in these papers for 2 times  
 22 per week or more of use differ from those  
 23 set forth in Table 2?)  
 24 THE WITNESS: As I said, I don't  
 25 recall specifically from these studies



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1 which, if any, reported an odds ratio for  
 2 specifically 2 times a week or more. I  
 3 don't know what the categories were --  
 4 which were -- off the top of my head, I  
 5 don't know the categories of frequency of  
 6 use that each of these studies reported on.  
 7 BY MS. DAVIDSON:  
 8 Q. So you don't know how using data for 2  
 9 times more per week of use would have changed the  
 10 results of this paper?  
 11 MS. PARFITT: Objection. Misstates  
 12 her testimony.  
 13 THE WITNESS: I just want to make sure  
 14 that my recollection is correct, that  
 15 they --  
 16 Okay. As they describe in the title  
 17 to Table 2, they -- it's the most frequent  
 18 perineal talcum powder use reported for  
 19 each study was abstracted.  
 20 BY MS. DAVIDSON:  
 21 Q. Correct. And my question was --  
 22 MS. PARFITT: Wait. I think she was  
 23 in the midst of answering the question.  
 24 THE WITNESS: And --  
 25 MS. PARFITT: Give her a moment.

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1 THE WITNESS: -- again, this is the  
 2 decision they made about how they wanted to  
 3 analyze the data, because my understanding  
 4 is they thought that it would be useful  
 5 what to look at, what is the risk among  
 6 women who use it most frequently.  
 7 And it was, you know, the purpose of  
 8 their paper to look at the -- the  
 9 highest-frequency users. And so I don't  
 10 know if they would have had the data to  
 11 look specifically at greater than 2 times  
 12 per week. I expect that the  
 13 categorizations in many of the studies  
 14 were -- would not have lent itself to that.  
 15 BY MS. DAVIDSON:  
 16 Q. My question simply is: Do you know  
 17 whether the reported hazard ratio would have  
 18 changed in this meta-analysis if they had used the  
 19 data from these papers that involved 2 times per  
 20 more of use as opposed to using the most frequent  
 21 perineal talcum powder use reported for each  
 22 study?  
 23 MS. PARFITT: Objection. Asked and  
 24 answered.  
 25 THE WITNESS: They did not present

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1 that analysis. So I can't say that I know  
 2 what it would be.  
 3 BY MS. DAVIDSON:  
 4 Q. You didn't go back to the papers and  
 5 do your own analysis?  
 6 A. No, I did not.  
 7 THE WITNESS: Would you mind if -- I  
 8 mean, I don't know if you're mostly  
 9 finished with this paper or not, but we've  
 10 been going for quite a while. Would you  
 11 mind taking a break?  
 12 MS. DAVIDSON: Do you want to take a  
 13 break? What time is it?  
 14 MS. PARFITT: It's 2:00.  
 15 MR. TRANGLE: It's 2:00.  
 16 MS. DAVIDSON: The thing is, at 2:30 I  
 17 need to take a break. So you want --  
 18 THE WITNESS: I understand.  
 19 MS. DAVIDSON: -- to take one now and  
 20 then again?  
 21 MS. PARFITT: Take a short one. Yeah,  
 22 let's take a short one.  
 23 THE WITNESS: Just to get up and  
 24 stretch.  
 25 MS. PARFITT: We'll come back in five

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1 minutes.  
 2 MS. DAVIDSON: Absolutely.  
 3 \* \* \*  
 4 (Whereupon, there was a recess in the  
 5 proceedings from 2:01 p.m. to 2:07 p.m.)  
 6 \* \* \*  
 7 BY MS. DAVIDSON:  
 8 Q. Dr. Moorman, at the front of the  
 9 Woolen paper on the author's list of  
 10 inclusion/exclusion criteria, do they say that  
 11 they are going to include only studies involving  
 12 women with patent tubes?  
 13 A. They did not specify that, that I see.  
 14 MS. DAVIDSON: Okay. Let's mark as  
 15 Exhibit 12 -- let's mark as Exhibit 12 Wu  
 16 2009.  
 17 (MOORMAN EXHIBIT 12, Markers of  
 18 inflammation and risk of ovarian cancer in  
 19 Los Angeles County, was marked for  
 20 identification.)  
 21 BY MS. DAVIDSON:  
 22 Q. Are you familiar with that paper?  
 23 A. I'm sorry. Wu --  
 24 Q. Wu 2009.  
 25 MR. TRANGLE: Wu 2009.



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1 THE WITNESS: Wu. Wu.  
 2 MS. PARFITT: It's W-U.  
 3 BY MS. DAVIDSON:  
 4 Q. We're getting it for you.  
 5 A. Okay. All right.  
 6 Q. This is going to be Exhibit 12 as soon  
 7 as we put a sticker on it.  
 8 A. Okay.  
 9 Q. Anna Wu, et al., "Markers of  
 10 inflammation and risk of ovarian cancer in  
 11 Los Angeles County."  
 12 A. Yeah.  
 13 Q. Okay.  
 14 A. Uh-huh.  
 15 Q. This -- this paper is on your reliance  
 16 list, right?  
 17 A. Yes.  
 18 Q. If we go down to Table 2, there's a  
 19 section entitled "Frequency and duration of talc  
 20 use," correct?  
 21 A. Yes.  
 22 Q. And for greater than 10 times per  
 23 month but less than 30 times per month; do you see  
 24 that?  
 25 A. So --

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1 MS. PARFITT: It starts with the  
 2 years.  
 3 THE WITNESS: Okay. So --  
 4 MR. TRANGLE: The years.  
 5 MS. DAVIDSON: Yeah.  
 6 BY MS. DAVIDSON:  
 7 Q. So let's look at -- let's look at 10  
 8 to 20 years of use.  
 9 A. I'm sorry. I'm not seeing 20 to --  
 10 MS. PARFITT: And I'm not seeing it  
 11 on --  
 12 THE WITNESS: -- 10 to 20 years of  
 13 use.  
 14 BY MS. DAVIDSON:  
 15 Q. This is really hard on my eyes, but I  
 16 thought it says less than 20 years and greater  
 17 than 10 years. Am I reading that wrong?  
 18 MS. PARFITT: No, no. Less than 20  
 19 years and less than or equal to 10 times  
 20 per month.  
 21 (Off-the-record conference.)  
 22 BY MS. DAVIDSON:  
 23 Q. So apologies for my bad eyesight, but  
 24 what I'm trying to look at is for less than or  
 25 equal to 20 years and greater than 10 to less than

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1 30 times per month. Do you see that?  
 2 A. I --  
 3 MS. PARFITT: So that's the second  
 4 column.  
 5 THE WITNESS: The second --  
 6 BY MS. DAVIDSON:  
 7 Q. Row.  
 8 A. -- second row under --  
 9 Q. Not column.  
 10 A. -- that category. Okay.  
 11 MS. DAVIDSON: I'm getting you back  
 12 because you made fun of my eyes.  
 13 BY MS. DAVIDSON:  
 14 Q. Okay. So what is the risk ratio  
 15 there?  
 16 A. It is 1.16.  
 17 Q. Is it statistically significant?  
 18 A. The confidence interval goes from .63  
 19 to 2.12, so it is not statistically significant.  
 20 Q. Is 10 times per month at least 2 times  
 21 per week?  
 22 A. At least -- is 10 times per month at  
 23 least 2 times per week? Yes. You could -- you  
 24 could quibble someone used it in a different  
 25 manner. But, yeah, we'll -- we'll go with that.

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1 Q. Okay. So that metric would satisfy  
 2 the definition of at least 2 times per week,  
 3 correct?  
 4 MS. PARFITT: Objection. Form.  
 5 THE WITNESS: Yes. And it met the  
 6 metric for including the study in -- in  
 7 there, in the analysis.  
 8 BY MS. DAVIDSON:  
 9 Q. And if you look at less than 20 years  
 10 and greater than 30 times per month, we can all  
 11 agree that -- I hope -- that greater than 30 times  
 12 per month is more than 2 times a week?  
 13 A. Yes.  
 14 Q. And what's the risk ratio of that?  
 15 A. 1.23.  
 16 Q. And is that statistically significant?  
 17 A. The confidence interval is 0.63 to  
 18 2.41. So it is not statistically significant.  
 19 Q. And Woolen chose not to use that  
 20 either, right?  
 21 A. As Woolen described in their paper,  
 22 they opted to go with the most frequent powder use  
 23 reported.  
 24 Q. I understand.  
 25 A. So they did not --

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1 MS. PARFITT: Let her finish.  
 2 THE WITNESS: They did not  
 3 specifically use that. They went with the  
 4 criteria that they laid out in their paper  
 5 for the analysis they performed.  
 6 BY MS. DAVIDSON:  
 7 Q. And if you look at frequency and  
 8 duration of talc use, in fact, the -- the data  
 9 that they use for their meta-analysis is actually  
 10 the only statistically significant increased risk  
 11 reported in this table, correct?  
 12 A. In this table, they report a number  
 13 of --  
 14 Q. I'm talking about for frequency and  
 15 duration of talc use.  
 16 A. Okay. Just that one section of the  
 17 table. That is the only one that is statistically  
 18 significant. And, of course, as you well know,  
 19 statistical significance is driven in part by  
 20 sample size. And when you look at these  
 21 categories, the numbers within the individual  
 22 categories are -- are pretty small. So it's not  
 23 too surprising that some of these are not  
 24 statistically significant.  
 25 Q. I have a question. Has anyone done a

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1 study as to whether recall bias affects  
 2 recollections of frequency of use?  
 3 A. I am not aware of such a study, and  
 4 without having kind of a gold standard of how much  
 5 was really used and how frequently, I don't know  
 6 how such a study could actually be done.  
 7 Q. In Schildkraut, you looked at recall  
 8 bias based on ever use and never use, right?  
 9 A. We did that in relation to a  
 10 certain -- a certain time point, yeah, a certain  
 11 time frame.  
 12 Q. Did you also look at reports of  
 13 frequency?  
 14 A. I don't recall if we did that or not.  
 15 Q. I'd like to go back to the Davis  
 16 paper.  
 17 MR. TRANGLE: Exhibit 7.  
 18 MS. DAVIDSON: Huh?  
 19 MR. TRANGLE: Exhibit 7.  
 20 BY MS. DAVIDSON:  
 21 Q. I have to find it first before we can  
 22 go back to it. Do you have that in front of you?  
 23 We talked a little bit earlier about  
 24 whether any papers have defined "frequent genital  
 25 powder use" differently from -- differently from

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1 Woolen, and you couldn't recall any such papers.  
 2 Do you remember that conversation?  
 3 A. Frequent?  
 4 Q. Yes.  
 5 A. Yeah, I recall that conversation.  
 6 Q. And had you forgotten that the Davis  
 7 paper actually has a definition for "frequent  
 8 genital powder use"?  
 9 A. Are you getting -- I know that we had  
 10 frequency of use and we had some categories.  
 11 Q. If you look at Table 1, doesn't the  
 12 Davis paper define "frequent genital powder use"  
 13 as greater than monthly?  
 14 A. Yeah. I mean, that was the definition  
 15 guided by the availability of the data.  
 16 Q. You hadn't recalled that when we  
 17 discussed papers defining --  
 18 A. I didn't recall -- I recall that we  
 19 used those categorizations of frequency. I didn't  
 20 recall the actual frequent genital powder use, the  
 21 heading that was used here. I was well aware that  
 22 we had categorized it by less than once a week or  
 23 greater than once a week.  
 24 Q. So you and your co-authors defined  
 25 "frequent genital powder use" differently from

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1 Woolen, correct?  
 2 A. The definition that we used was based  
 3 on the availability of the data from the  
 4 individual studies. As you're aware of, this was  
 5 a consortium that used data from five different  
 6 studies. And we had to harmonize the data,  
 7 because some of the studies collected the data  
 8 in -- in different manners, different  
 9 categorizations and so on.  
 10 And so that was the decision that was  
 11 driven by the -- how the data were put together in  
 12 the individual studies and how we could harmonize  
 13 it to do the analysis.  
 14 Q. Is it your testimony that you picked  
 15 once per week and not twice per week because these  
 16 studies would not have allowed you to do a  
 17 twice-per-week analysis?  
 18 A. Yeah. They -- each of the studies  
 19 used slightly different phrasing in terms of  
 20 relation to frequency. And so I don't recall all  
 21 of the, you know, specific details as to how we  
 22 settled on that cut point. But I know that it was  
 23 based -- you know, as it typically is when you're  
 24 trying to harmonize data from different studies,  
 25 how you can combine the data from the various

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1 studies.

2 Q. Are you testifying here today that the

3 exposure assessments in the underlying studies for

4 the Davis paper would not have enabled you to

5 choose 2 times per week?

6 A. I'm really not -- not sure. Some of

7 them, it looks like the number of days per week.

8 Some -- some it was reported a bit differently.

9 And like I said, I'm just -- I don't recall the

10 particular discussion that led to that.

11 Q. So sitting here today, you don't know

12 why Davis defines "frequent use" differently from

13 Woolen, correct?

14 MS. PARFITT: Objection. Misstates

15 her testimony.

16 THE WITNESS: Just -- give me just a

17 moment. I just don't recall that

18 discussion as to why that -- that

19 particular cut point was used.

20 BY MS. DAVIDSON:

21 Q. Do you recall if you were part of the

22 decision to define "frequent genital powder use"

23 as more than once per week?

24 A. I -- the way that these -- these

25 papers worked, the lead authors, they typically

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1 would do the work. They would share it with the

2 other authors -- the lead authors would take the

3 lead on the analysis. They would share it with

4 the co-authors during our monthly or biweekly

5 meetings, and so not every decision was discussed

6 in great detail.

7 I -- I just don't remember

8 specifically. This is one of many papers from

9 this consortium, and I don't recall the particular

10 discussion.

11 (Off-the-record conference.)

12 BY MS. DAVIDSON:

13 Q. Let's look at O'Brien 2023 --

14 A. Okay.

15 Q. -- which we will mark -- here, we'll

16 mark it as Exhibit 13.

17 (MOORMAN EXHIBIT 13, Douching and

18 Genital Talc Use: Patterns of Use and

19 Reliability of Self-reported Exposure, was

20 marked for identification.)

21 BY MS. DAVIDSON:

22 Q. Exhibit 13 is "Douching and Genital

23 Talc Use: Patterns of Use and Reliability of

24 Self-reported Exposure," O'Brien, 2023.

25 A. Yes. I have a detached version in

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1 here.

2 Q. And you've agreed that none of the

3 authors of this paper, O'Brien, Ogunsina,

4 Wentzensen or Sandler, are experts in this

5 litigation?

6 A. To my knowledge, none of them are.

7 Q. And, in fact, O'Brien and

8 Wentzensen -- right? -- they work for NIH, right?

9 A. Correct. Well, I know --

10 Q. Unclear if you can even -- if they

11 would even be allowed to be experts in litigation.

12 I don't know the answer to that question, do you?

13 A. I think that -- I think that I have

14 heard that government employees cannot be, but --

15 Q. Got it.

16 A. -- I don't know.

17 Q. Okay.

18 A. I have heard that, but I don't know

19 that that's to be -- that's true or not.

20 Q. Okay. Do you have a copy of this that

21 Asher gave you?

22 A. I do.

23 Q. Okay. Great.

24 You had said something earlier today

25 that there was language in O'Brien 2023 about

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1 average age when women start using talc powder

2 products, so you wanted to see the paper.

3 A. Uh-huh.

4 Q. So here it is. Do you want to just go

5 back and let me know what O'Brien 2023 says about

6 the average age of initiation of talc use.

7 A. Okay. I am looking at Table 2, and

8 they reported the age at first use, the mean in

9 standard deviation across a number of categories,

10 race ethnicity and by educational level. And for

11 the women -- the total group of women, the average

12 age of first use is 21 years.

13 Q. Okay. And let's introduce as

14 Exhibit 14 a paper by Dr. Cramer, which I believe

15 you've also relied on in the past, "The

16 Association Between Talc Use and Ovarian Cancer:

17 A Retrospective Case-Control Study in Two US

18 States. Lead author, Daniel Cramer, May 2016.

19 That's Exhibit 14.

20 (MOORMAN EXHIBIT 14, The Association

21 Between Talc Use and Ovarian Cancer: A

22 Retrospective Case-Control Study in Two US

23 States, was marked for identification.)

24 BY MS. DAVIDSON:

25 Q. Do you recall whether Dr. Cramer's

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1 paper -- do you recall whether Dr. Cramer's paper  
 2 addresses first age of use of ovarian cancer  
 3 [sic]?  
 4 A. I didn't recall the specific details  
 5 of this particular paper, but I do see here in  
 6 Table 1 that they report age at first use of  
 7 genital powder.  
 8 Q. Uh-huh.  
 9 A. And -- okay. And among the women who  
 10 had used it -- let's see. So those percentages  
 11 don't lend itself to how I'd like to do this.  
 12 So there are roughly 550 control  
 13 subjects who reported use of talc, and 343 of them  
 14 reported that they were younger than 20 at first  
 15 use. And the proportions are not very different  
 16 among the case subjects -- yeah. Did you follow  
 17 what I said?  
 18 Q. Yes. But my math isn't as good as  
 19 yours, and I would call something more  
 20 straightforward in here that provides that  
 21 information.  
 22 In any event, does this paper more or  
 23 less comport with O'Brien in terms of when women  
 24 start using talcum powder?  
 25 A. Yeah. It's not too far off. They

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1 report it a little bit differently, and it's  
 2 like -- a mean age in the O'Brien study was around  
 3 21. And they report it in categories here but --  
 4 of women who have used talc, the majority of them  
 5 certainly start using it before age 20. So they  
 6 seem to be in the same ballpark.  
 7 Q. And we can all agree that that's a  
 8 good decade before?  
 9 MS. PARFITT: Before what?  
 10 BY MS. DAVIDSON:  
 11 Q. At least a decade --  
 12 A. I'm -- I'm not --  
 13 MS. PARFITT: You said "before."  
 14 THE WITNESS: -- following your  
 15 question.  
 16 MS. PARFITT: I didn't follow you.  
 17 MS. DAVIDSON: You said, "Before  
 18 what?" I wasn't done with my question.  
 19 MS. PARFITT: Oh, oh, oh, oh, I'm  
 20 sorry.  
 21 THE WITNESS: I'm so sorry.  
 22 MS. PARFITT: Okay. I thought you  
 23 were, like, done. Okay.  
 24 MS. DAVIDSON: You were just, like,  
 25 ready to pounce on me.

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1 MS. PARFITT: No, I am not. I was  
 2 anxiously --  
 3 MS. DAVIDSON: I was in the middle of  
 4 a question. That's --  
 5 MS. PARFITT: -- holding onto each one  
 6 of your questions.  
 7 MS. DAVIDSON: I see.  
 8 BY MS. DAVIDSON:  
 9 Q. You had testified earlier that tubal  
 10 ligation typically would take place in women 30s  
 11 or 40s, correct?  
 12 A. Yes. I think that the -- I believe  
 13 that I have read data that indicates it around  
 14 30 -- in the 30s sometime is the typical age of  
 15 tubal ligation. Average age, you know.  
 16 Q. So the average age for the beginning  
 17 of talc use is long before the average age for  
 18 tubal ligation or other surgeries that would  
 19 result in a woman not having patent tubes,  
 20 correct?  
 21 MS. PARFITT: Objection. Form.  
 22 THE WITNESS: Okay. That the average  
 23 age of the tubal ligation is -- is ten  
 24 years or so than the average age of  
 25 initiation of talc use from these studies.

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1 BY MS. DAVIDSON:  
 2 Q. More than ten years because 31 is your  
 3 early 30s, right?  
 4 A. You know, you're asking me to recall  
 5 things -- some data that I'm not sure when I would  
 6 have read it. So I can't say exactly.  
 7 MS. DAVIDSON: Okay. I need to take a  
 8 break.  
 9 \* \* \*  
 10 (Whereupon, there was a recess in the  
 11 proceedings from 2:31 p.m. to 3:16 p.m.)  
 12 \* \* \*  
 13 MS. DAVIDSON: Apologizing for those  
 14 on Zoom as well for the break, and I  
 15 appreciate your courtesy.  
 16 BY MS. DAVIDSON:  
 17 Q. When we went off the record, I think  
 18 we were talking about O'Brien 2023. And O'Brien  
 19 2023 looks into the reliability of self-reported  
 20 exposure, correct?  
 21 A. Among other things, yes.  
 22 Q. And the author states in the  
 23 introduction that if historic use cannot be  
 24 accurately recalled, measurement error can bias  
 25 effect estimates, especially if recall reliability

<p style="text-align: right;">Page 178</p> <p>1 differs by outcome status. Do you agree with                  2 that?</p> <p>3 A. That is his theoretic concern, yes.</p> <p>4 Q. When you say it's a theoretic concern,                  5 what do you mean by "theoretic"?</p> <p>6 A. It doesn't necessarily mean that it is                  7 biased, but it is a potential bias.</p> <p>8 Q. Well, if people can't remember how                  9 frequently they used a product, and if the recall                  10 reliability differs by outcome status, then you're                  11 going to have a bias problem, right?</p> <p>12 MS. PARFITT: Objection. Form.</p> <p>13 THE WITNESS: That's what I'm saying,                  14 that it is a theoretical concern. And                  15 we're not disagreeing here. I'm saying,                  16 yes, I agree that it is a potential                  17 concern.</p> <p>18 BY MS. DAVIDSON:</p> <p>19 Q. And did O'Brien look at the question                  20 of accuracy in reports of frequency of use?</p> <p>21 A. I don't recall them reporting that.</p> <p>22 I -- I see in -- I can -- I see in the table that                  23 they're comparing ever use of the talc at the                  24 different time points, but --</p> <p>25 Q. I did not find in O'Brien 2023 any</p>	<p style="text-align: right;">Page 180</p> <p>1 use in the 12 months prior to enrollment was 14                  2 percent.</p> <p>3 Q. Uh-huh.</p> <p>4 A. And they're supposed to be comparing                  5 what was reported at enrollment to what was                  6 reported for that same time period in the                  7 follow-up.</p> <p>8 And so it can't be 27 percent, because                  9 it was 14 percent at the original baseline. If we                  10 can look at the Supplemental Table 6, I can point                  11 out what I think is the error.</p> <p>12 Q. Did you consider that the possibility                  13 was that 14 percent was 12 months prior and 27                  14 percent was the women who were 12 months prior and                  15 who reported use in adolescence?</p> <p>16 MS. PARFITT: Objection. Form.</p> <p>17 THE WITNESS: But that's not what                  18 they're reporting on. Okay. Let's --</p> <p>19 BY MS. DAVIDSON:</p> <p>20 Q. What do you mean by that?</p> <p>21 A. Okay.</p> <p>22 Q. If you look at Table 3 --</p> <p>23 MS. PARFITT: Wait. She's in the                  24 middle of something, Jessica. Hold on.</p> <p>25 THE WITNESS: Yeah. Just -- and it is</p>
<p style="text-align: right;">Page 179</p> <p>1 discussion about any analysis of whether frequency                  2 of use had been reported accurately, did you?</p> <p>3 A. I don't recall seeing that. I don't                  4 know if there's any sentence in there or not                  5 that -- that addresses it. I just don't recall                  6 that.</p> <p>7 Q. Okay. And O'Brien found that women                  8 who -- among women with intervening ovarian cancer                  9 diagnoses, 28 percent had originally reported talc                  10 powder use, but that figure increased to                  11 33 percent at follow-up, correct?</p> <p>12 A. No, I do not think that is correct at                  13 all. Okay.</p> <p>14 Q. That's what O'Brien stated, right?</p> <p>15 A. They stated it, and as I stated in my                  16 report, using the data that they have here, it is                  17 an obvious error.</p> <p>18 Q. Okay. And why don't you tell me what                  19 you think that error is.</p> <p>20 A. Okay. So they were comparing ever use                  21 of genital talc, how it was reported at two time                  22 points.</p> <p>23 Q. Uh-huh.</p> <p>24 A. And it was based on ever use, 12                  25 months before enrollment. And so in Table 3, ever</p>	<p style="text-align: right;">Page 181</p> <p>1 really very critical to look at --</p> <p>2 BY MS. DAVIDSON:</p> <p>3 Q. Uh-huh.</p> <p>4 A. -- the table -- supplemental -- I                  5 think it's Supplemental Table 6. Okay. So what                  6 they state --</p> <p>7 MS. DAVIDSON: We can mark                  8 Supplemental Table 6 as an exhibit as well.                  9 I was going to be marking it later, but...</p> <p>10 THE WITNESS: Okay. But anyhow...</p> <p>11 BY MS. DAVIDSON:</p> <p>12 Q. Uh-huh.</p> <p>13 A. Okay. What they are stating on                  14 Page 383 -- it's the paragraph above the                  15 discussion --</p> <p>16 Q. Uh-huh.</p> <p>17 A. -- it said -- and the reliability                  18 measures for genital talc use were similar for                  19 ovarian cancer compared to the full sample.                  20 However, while self-reported use in the 12 months                  21 before enrollment, it was more commonly reported                  22 on the enrollment questionnaire relative to the                  23 fourth detailed questionnaire. And then they go                  24 on to say that --</p> <p>25 Q. Uh-huh.</p>



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1 A. -- that was --  
 2 Q. Right.  
 3 A. They go on. But self-reported use of  
 4 talc in the 12 months before enrollment was not 27  
 5 percent, according to what they reported. It  
 6 was --  
 7 Q. Correct.  
 8 A. -- 14 percent.  
 9 Q. Right. So that was just a  
 10 typographical error here --  
 11 A. No.  
 12 Q. -- and they meant -- because 27  
 13 percent and 21 percent do correlate to 12 months  
 14 prior and use in adolescence, correct?  
 15 A. That's not what they're -- they're  
 16 saying --  
 17 Q. But --  
 18 A. -- there. They --  
 19 MS. PARFITT: Let her finish, please.  
 20 BY MS. DAVIDSON:  
 21 Q. And, again --  
 22 MS. PARFITT: Let her finish, Jessica.  
 23 THE WITNESS: -- I think that if we  
 24 look at the supplemental table --  
 25 BY MS. DAVIDSON:

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1 Q. Uh-huh.  
 2 A. -- it becomes much more clear. And I  
 3 believe the typo and then the description of the  
 4 typo arises from this table. So when you look up  
 5 here, under douching, it said: Percent use in 12  
 6 months prior to enrollment --  
 7 Q. Uh-huh.  
 8 A. -- 14 percent.  
 9 Q. Uh-huh.  
 10 A. That's not what was reported for  
 11 douching. 27 percent was the prevalence of  
 12 douching in the 12 months prior to enrollment.  
 13 What I believe happened is that they  
 14 just switched the headings because this is  
 15 consistent with the data that's reported in the  
 16 body of the paper. This, I think, they just made  
 17 a rather significant mistake.  
 18 Q. If you look at the top -- right?  
 19 A. Yeah.  
 20 Q. -- eTable 6, it says: self-report  
 21 ever use of douche or genital talc. Correct?  
 22 A. I'm looking at what's the heading  
 23 directly above -- above this here.  
 24 Q. Right.  
 25 A. "% used in 12 months prior to

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1 enrollment."  
 2 Q. But the typo is the heading, not the  
 3 percentage, right?  
 4 A. The typo is here. These are switched.  
 5 The percent use of talc in the 12 months prior to  
 6 enrollment was 14 percent.  
 7 And then the percent douching -- let's  
 8 see. Okay. It's -- I'm just trying -- what they  
 9 are saying here certainly makes -- is more  
 10 consistent with what is reported in the rest of  
 11 the paper with the exception of that paragraph.  
 12 MS. PARFITT: And for the record, your  
 13 "here" is Supplemental Table 6?  
 14 THE WITNESS: Yes.  
 15 MS. PARFITT: Thank you.  
 16 BY MS. DAVIDSON:  
 17 Q. Can I ask you a question? If you look  
 18 at Table 2 --  
 19 A. Uh-huh.  
 20 Q. -- on ever use of talc --  
 21 A. Yeah.  
 22 Q. -- what's the percentage reported  
 23 there? Table 2, O'Brien 2023 --  
 24 A. Yeah.  
 25 Q. -- ever use of talc, what's the

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1 percentage reported?  
 2 A. It's 27 percent, but what they are --  
 3 Q. That's the same 27 --  
 4 MS. PARFITT: Wait.  
 5 BY MS. DAVIDSON:  
 6 Q. And that's the same number as there is  
 7 in Supplemental eTable 6, right?  
 8 A. But what -- that's not what they're  
 9 describing. They're describing the comparison of  
 10 the 12 months prior to enrollment --  
 11 Q. Correct.  
 12 A. -- in their --  
 13 MS. PARFITT: Please let her finish.  
 14 THE WITNESS: -- in their -- yeah, in  
 15 the discussion, they are saying  
 16 self-reported use in the 12 months -- 12  
 17 months before enrollment. And that was --  
 18 that's not what they present in other parts  
 19 of their paper and --  
 20 BY MS. DAVIDSON:  
 21 Q. But my question is: If you look at  
 22 eTable 6 and it says ever use of talc, that 27  
 23 percent would be accurate but for that heading on  
 24 top of it, if -- if --  
 25 A. I mean --

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1 Q. 27 percent is the correct figure for  
 2 ever use of talc, correct?  
 3 A. Well, again, what's labeled here is  
 4 not --  
 5 MS. PARFITT: And if you can identify  
 6 "here" -- I'm sorry --  
 7 THE WITNESS: Yeah.  
 8 MS. PARFITT: -- so we can have it  
 9 correct.  
 10 THE WITNESS: What's labeled -- where  
 11 it says "Genital Talc Use," I'm just  
 12 looking at percent used in 12 months prior  
 13 to enrollment and then the follow-up, and  
 14 that 12 months prior to enrollment and  
 15 follow-up is what they're describing in the  
 16 text, and it just doesn't match up.  
 17 BY MS. DAVIDSON:  
 18 Q. But -- but I'm asking you a different  
 19 question, and my question is: It does match up,  
 20 that 27 percent, to the heading for eTable 6,  
 21 correct?  
 22 A. Again, but, you know, there -- there's  
 23 an error here. And so when there's an obvious  
 24 error, I mean, it matches up, the 20 percent ever,  
 25 but it's not what they're describing in the paper.

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1 And so we know that there's an error.  
 2 We don't know exactly what it is. But -- but it  
 3 certainly reduces the confidence in what they're  
 4 reporting in their paper.  
 5 Q. So 14 percent is the correct number  
 6 for ever use of douching, right?  
 7 A. I -- that's what they report in  
 8 Table 1.  
 9 Q. So really what's going on is that  
 10 eTable 6 is reporting ever use instead of last  
 11 12-month use, correct?  
 12 A. We don't know.  
 13 Q. What do you mean "We don't know"? The  
 14 numbers match.  
 15 A. Well, we know that there's an error  
 16 and --  
 17 Q. There's a typo, right?  
 18 MS. PARFITT: Wait. Jessica, we --  
 19 honestly, I --  
 20 THE WITNESS: Yeah.  
 21 MS. PARFITT: Just one person at a --  
 22 BY MS. DAVIDSON:  
 23 Q. Okay.  
 24 MS. PARFITT: -- time will be helpful.  
 25 THE WITNESS: Yeah, we know that --

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1 BY MS. DAVIDSON:  
 2 Q. There's a typo.  
 3 A. Well, I mean, it's -- what they're  
 4 describing in the text is not matching up with the  
 5 table, and so it raises concerns.  
 6 Q. But wait a minute. The 14 percent and  
 7 27 percent in eTable 6 match up perfectly with  
 8 ever use in the article; is that correct? Can we  
 9 agree on that?  
 10 A. It matches up with ever -- their ever  
 11 use, but that's not what the authors are  
 12 describing here.  
 13 Q. But -- but the heading of the table  
 14 says "ever use," correct?  
 15 A. We -- there are inconsistencies; we  
 16 can agree on all of that. And when there are  
 17 inconsistencies, we --  
 18 Q. That's not what I'm asking you. I'm  
 19 asking you: Does the heading of this table say  
 20 "ever use," eTable 6?  
 21 A. It -- it does.  
 22 Q. Okay. And are 14 percent and  
 23 27 percent accurate for ever use? That's all I'm  
 24 asking.  
 25 A. Yes.

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1 Q. Okay. We can move on.  
 2 THE REPORTER: Did we want that  
 3 marked?  
 4 MR. TRANGLE: Yeah.  
 5 MS. DAVIDSON: Yeah. We can mark  
 6 eTable 6. I'm sorry.  
 7 (MOORMAN EXHIBIT 15, Supplemental  
 8 eTable 6, was marked for identification.)  
 9 MS. DAVIDSON: Okay. We're marking as  
 10 Exhibit 15, after we discussed it,  
 11 Supplemental Table 6 from O'Brien 2023 as  
 12 Exhibit 15.  
 13 BY MS. DAVIDSON:  
 14 Q. Since you were concerned about the  
 15 headings on eTable 6, did you send a letter to  
 16 Dr. O'Brien asking her about it?  
 17 A. I have thought about it, but I have  
 18 not done it.  
 19 Q. Got it.  
 20 Okay. When Gonzalez reported on the  
 21 sister study, it used the 14 percent number that  
 22 was just use in the prior 12 months, correct?  
 23 A. That is correct.  
 24 Q. And when --  
 25 A. 12 months prior to enrollment, yes.

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1 Q. And when O'Brien looked at the sister  
 2 study, it used the higher 27 percent ever use  
 3 number from the sister study, right?  
 4 A. Let me just double-check that. I  
 5 believe that is correct. Yes, that is correct.  
 6 Q. So O'Brien addressed one of your  
 7 criticisms of Gonzalez, correct?  
 8 A. Yes. To some degree, yes.  
 9 Q. Well, that -- that criticism of  
 10 Gonzalez was addressed?  
 11 A. I said, to some degree --  
 12 Q. Why only to some degree?  
 13 A. Because they addressed use from -- I  
 14 think it was age 10 to 13 and use from one year  
 15 prior to enrollment. So any use between age 13  
 16 and their age at enrollment was not captured.  
 17 Q. Do you know, on average, for women who  
 18 have used talcum powder in their genital area how  
 19 many years they usually use it?  
 20 A. O'Brien did report some of that. I'm  
 21 sorry. I'm -- and I thought that it was in here,  
 22 but I don't see where they reported how long they  
 23 had used it on average.  
 24 Q. Do you recall any papers by Cramer or  
 25 otherwise that address the typical length of time

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1 women who have used perineal talc use it for?  
 2 MS. PARFITT: Objection. Form.  
 3 THE WITNESS: Many papers have  
 4 reported on the duration of talc use. And  
 5 many of them reported in categories rather  
 6 than a mean duration of use. And I'm --  
 7 again, you know, all of the little details,  
 8 it's hard to remember across all of the  
 9 studies.  
 10 BY MS. DAVIDSON:  
 11 Q. Do you know if the typical woman who  
 12 uses talc uses it for more or less than ten years?  
 13 A. I mean, there's a wide variation in  
 14 patterns of talc use. There are certainly many,  
 15 many long-term users and some that -- you know, as  
 16 we have seen in our studies, some that report  
 17 short-term use.  
 18 Q. On average, do women who use talc use  
 19 it for more or less than ten years?  
 20 A. I -- I can't give an average. I'm  
 21 sorry.  
 22 Q. Okay. So in your report, when you say  
 23 that O'Brien 2023 casts serious doubt on Gonzalez,  
 24 that's actually addressed by O'Brien 2020, right?  
 25 MS. PARFITT: Objection. Misstates

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1 her testimony.  
 2 THE WITNESS: What I said in my  
 3 report, the -- I think it was in relation  
 4 to the O'Brien study -- I said that it did  
 5 somewhat address it. But as I just stated  
 6 a few minutes ago, any use between age 13  
 7 and a year before enrollment into the  
 8 cohort would not have been captured. And,  
 9 you know, we -- so it helped, but it didn't  
 10 completely address it.  
 11 BY MS. DAVIDSON:  
 12 Q. How come in your report when you said  
 13 that O'Brien 2023 cast serious doubts on Gonzalez,  
 14 you didn't mention that O'Brien 2020 helps to  
 15 address that?  
 16 A. I -- I think that I made -- I know  
 17 that I made a true statement there. What we  
 18 learned from Gonzalez -- or from the O'Brien in  
 19 relation to the Gonzalez is that the exposure  
 20 measurement used in Gonzalez misclassified over  
 21 half of the talc users.  
 22 So there were around 30 percent ever  
 23 talc users, and they said 14 percent. That was  
 24 the prevalence of use in the Gonzalez study. So  
 25 it was, like, even worse than a coin flip in terms

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1 of classifying talc exposure among the women who  
 2 had used it.  
 3 And the reason why I think that it's  
 4 important is that many of the meta-analyses report  
 5 the Gonzalez relative risk -- that was -- like,  
 6 the .73, that was what they reported. And it's  
 7 always been an outlier. It's one of the most  
 8 extreme values reported. And this -- given the  
 9 information we have about the level of exposure  
 10 misclassification, it does cast doubt on the  
 11 Gonzalez study.  
 12 Q. Do you remember my question?  
 13 A. Well, I asked -- you know, I -- I'm  
 14 explaining why I thought it was important to  
 15 mention that, and I think that the statement is  
 16 true.  
 17 I did also put in my report, when  
 18 describing the O'Brien study, that -- the O'Brien  
 19 study combining the four cohorts, that they did do  
 20 a better job, but there was still limitations.  
 21 Q. But when you say there's serious doubt  
 22 in the Gonzalez study, you don't mention that  
 23 O'Brien nearly doubled the prevalence of talc use  
 24 and still found no significantly -- statistically  
 25 significant association, correct?

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1 MS. PARFITT: Objection. Asked and  
 2 answered.  
 3 THE WITNESS: Please, would you repeat  
 4 the question?  
 5 MS. DAVIDSON: Would you repeat it? I  
 6 can't remember it.  
 7 (The following question was read back:  
 8 Q: But when you say there's serious  
 9 doubt in the Gonzalez study, you don't  
 10 mention that O'Brien nearly doubled the  
 11 prevalence of talc use and still found no  
 12 significantly -- statistically significant  
 13 association, correct?)  
 14 THE WITNESS: We have already  
 15 discussed what was found. It was a  
 16 considerable change in the odds ratio, and  
 17 it went from .73 to just slightly above 1  
 18 in the sister study.  
 19 BY MS. DAVIDSON:  
 20 Q. But not statistically significant,  
 21 correct?  
 22 A. It was not statistically significant,  
 23 no.  
 24 Q. Okay. Great. Let's move on.  
 25 Have you ever cited in a published

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1 paper a -- the regulatory findings of an  
 2 organization as support for your epidemiological  
 3 opinions?  
 4 A. I'm just trying to think. I cannot  
 5 come up with an example off the top of my head.  
 6 It's very likely, very possible that I did, but I  
 7 can't come up with a specific example.  
 8 Q. Do you think there's enough  
 9 information in the ovarian cancer talc literature  
 10 to permit a fulsome assessment of biological  
 11 gradient/dose-response?  
 12 A. That has been addressed in several  
 13 reports. Like, notably in the Health Canada  
 14 report, they talked about that and noted some of  
 15 the limitations in assessing the dose-response.  
 16 And it's recognized as an area where more complete  
 17 data would be desirable.  
 18 Q. My question was: Do you agree with  
 19 the statement -- do you, Dr. Moorman, agree with  
 20 the statement that there is significant exposure  
 21 information lacking to permit a fulsome assessment  
 22 of biological gradient/dose-response?  
 23 A. There are a lot of qualifiers in  
 24 there, and I -- I don't think that I would  
 25 necessarily agree with that statement.

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1 Q. Okay. Did Health Canada, to your  
 2 recollection -- and if you don't recall, that's  
 3 fine. But do you recall if they did an assessment  
 4 of subtypes of ovarian cancer?  
 5 A. Again, I -- off the top of my head,  
 6 I -- I -- you know, I want to be correct. And off  
 7 the top of my head, I -- I can't remember. There  
 8 are a lot of papers we have been talking about and  
 9 I have read recently, so...  
 10 Q. Okay. Do you think there's sufficient  
 11 data to assess any potential association or causal  
 12 relationship between cosmetic talc and each  
 13 individual subtype of epithelial ovarian cancer?  
 14 MS. PARFITT: Objection. Asked and  
 15 answered quite a few hours ago.  
 16 MS. DAVIDSON: I didn't ask it.  
 17 THE WITNESS: That's -- that's exactly  
 18 what I was going to --  
 19 MS. DAVIDSON: Well, then let's repeat  
 20 the question because I didn't ask the  
 21 question, so maybe you didn't hear it  
 22 right. Can you repeat the question?  
 23 (The following question was read back:  
 24 Q: Do you think there's sufficient  
 25 data to assess any potential association or

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1 causal relationship between cosmetic talc  
 2 and each individual subtype of epithelial  
 3 ovarian cancer?)  
 4 MS. PARFITT: Same objection. Asked  
 5 and answered.  
 6 THE WITNESS: You asked me earlier  
 7 today about certain subtypes, and my  
 8 response to that question was that most of  
 9 the studies reported on ovarian cancer as a  
 10 whole. Some studies did subtype analysis,  
 11 but most of it was based on ovarian cancer  
 12 across all subtypes.  
 13 BY MS. DAVIDSON:  
 14 Q. And that's why I'm asking you, do you  
 15 think that there's enough studies that address  
 16 subtypes in particular to reach a causal  
 17 conclusion about subtypes?  
 18 MS. PARFITT: Objection.  
 19 BY MS. DAVIDSON:  
 20 Q. That's exactly what I'm asking.  
 21 That's not what I asked before.  
 22 MS. PARFITT: Objection. Broad.  
 23 Form. Asked and answered.  
 24 THE WITNESS: I -- you know, I have  
 25 stated what I believe the data show, that

<p style="text-align: right;">Page 198</p> <p>1 we can -- that the bulk of the evidence is</p> <p>2 based on ovarian cancer as a whole. And</p> <p>3 I'm -- I -- I'm just -- I don't -- I think</p> <p>4 that there -- there is some good subtype</p> <p>5 data. It would certainly be desirable to</p> <p>6 have more.</p> <p>7 BY MS. DAVIDSON:</p> <p>8 Q. What -- do you think there's good</p> <p>9 subtype data on clear cell carcinoma?</p> <p>10 MS. PARFITT: Objection. Asked and</p> <p>11 answered. That was asked and specifically</p> <p>12 answered.</p> <p>13 THE WITNESS: I believe the question</p> <p>14 you asked earlier today was -- was very</p> <p>15 similar to that, and I -- you know, I did</p> <p>16 reply. It's, like, the -- the data has</p> <p>17 been reported in some studies by subtypes,</p> <p>18 but the -- the most studies are -- have</p> <p>19 been reporting by epithelial ovarian cancer</p> <p>20 overall.</p> <p>21 BY MS. DAVIDSON:</p> <p>22 Q. I'm sorry. You said that there was</p> <p>23 some science on subtypes. I'm asking you: What,</p> <p>24 if any, science is there on the subtype of clear</p> <p>25 cell cancer?</p>	<p style="text-align: right;">Page 200</p> <p>1 the cellular level. And I fully</p> <p>2 acknowledge I am not a laboratory</p> <p>3 scientist, and so I looked at them from a</p> <p>4 rather high level. But let's see. Let me</p> <p>5 just --</p> <p>6 BY MS. DAVIDSON:</p> <p>7 Q. So just to narrow it down, I don't</p> <p>8 need all the studies you read. I just need to</p> <p>9 know, what studies since 2019 do you -- are you</p> <p>10 relying on to support your opinion that biological</p> <p>11 plausibility is satisfied? And maybe the answer</p> <p>12 is none. I don't know.</p> <p>13 MS. PARFITT: And, Jessica, I do think</p> <p>14 you made it clear, and I appreciate that.</p> <p>15 And that would be: If you talked about it</p> <p>16 pre-'19, you don't have to talk about it.</p> <p>17 Jessica is asking specifically --</p> <p>18 THE WITNESS: Uh-huh.</p> <p>19 MS. PARFITT: -- since 2019. And I</p> <p>20 appreciate that, Jessica.</p> <p>21 BY MS. DAVIDSON:</p> <p>22 Q. Since you didn't do a new Bradford</p> <p>23 Hill analysis, I --</p> <p>24 (Reporter clarification.)</p> <p>25 THE WITNESS: Yeah. Yeah. Among</p>
<p style="text-align: right;">Page 199</p> <p>1 MS. PARFITT: Objection. Asked and</p> <p>2 answered.</p> <p>3 THE WITNESS: I believe that there</p> <p>4 have been some studies that have report --</p> <p>5 reported on the subtypes. I'm having</p> <p>6 difficulty recalling right off the top of</p> <p>7 my head all of the results for all of the</p> <p>8 individual subtypes, including clear cell.</p> <p>9 BY MS. DAVIDSON:</p> <p>10 Q. Can you recall any, any studies on</p> <p>11 clear cell that you think show an association</p> <p>12 between talc use and the development of ovarian</p> <p>13 cancer?</p> <p>14 A. Right off the top of my head, I just</p> <p>15 can't remember the results for the individual</p> <p>16 subtypes.</p> <p>17 Q. Okay. Can you tell me what papers</p> <p>18 you're relying on for your biological plausibility</p> <p>19 opinion since 2019?</p> <p>20 MS. PARFITT: Thank you.</p> <p>21 MS. DAVIDSON: I knew Michelle would</p> <p>22 love that.</p> <p>23 THE WITNESS: There have been several</p> <p>24 papers that I have read since then that</p> <p>25 address some of -- some of the -- mostly at</p>	<p style="text-align: right;">Page 201</p> <p>1 other things, there have been several,</p> <p>2 like, papers at the cellular level that I</p> <p>3 looked at at a high level. You know,</p> <p>4 Fletcher has reported some. Mandarino. I</p> <p>5 believe it's "Emu" [sic]. Another thing</p> <p>6 that I considered as part of the biological</p> <p>7 plausibility was --</p> <p>8 BY MS. DAVIDSON:</p> <p>9 Q. You said "Emu"? I think you meant</p> <p>10 "Emi."</p> <p>11 A. I'm sorry.</p> <p>12 Q. E-M-I. Emu is an animal. Yeah.</p> <p>13 A. Thank you. I know that.</p> <p>14 And among other things that I think I</p> <p>15 relied on in contributing to the biological</p> <p>16 plausibility was some of the FDA analysis and the</p> <p>17 finding of the asbestos in the talc products. And</p> <p>18 then, you know, that, again, just kind of supports</p> <p>19 another biological pathway.</p> <p>20 Q. Do you know how many times the FDA has</p> <p>21 analyzed J&amp;J talc and not found asbestos?</p> <p>22 A. I do not know that. But I would say</p> <p>23 that in a product that many women used for many</p> <p>24 years, if they find it in 1 out of 10, 1 out of</p> <p>25 100, you certainly don't want to be that woman</p>



<p style="text-align: right;">Page 202</p> <p>1 using that 1 out of 100 container, so any --</p> <p>2 Q. We're talking about biological</p> <p>3 plausibility --</p> <p>4 MS. PARFITT: Please let her finish,</p> <p>5 please.</p> <p>6 THE WITNESS: And, again, that -- so</p> <p>7 the fact that you have some -- any exposure</p> <p>8 to asbestos, which numerous -- several</p> <p>9 regulatory and scientific bodies have said</p> <p>10 there is no safe level, I would say that it</p> <p>11 does contribute to the biological</p> <p>12 plausibility. I don't know how common it</p> <p>13 is, but I would wager that most women would</p> <p>14 not want to take the risk of 1 out of 100</p> <p>15 containers has asbestos in it.</p> <p>16 BY MS. DAVIDSON:</p> <p>17 Q. We're talking about biological</p> <p>18 plausibility in that risk, right?</p> <p>19 A. We're talking about biological</p> <p>20 plausibility and its exposure to an agent that</p> <p>21 there is no safe level of exposure to.</p> <p>22 Q. Okay. Can you explain to me the</p> <p>23 biological mechanism by which you think talc</p> <p>24 causes ovarian cancer based on your review of the</p> <p>25 Fletcher, Mandarino and Emi papers?</p>	<p style="text-align: right;">Page 204</p> <p>1 called "Minerva"?</p> <p>2 A. I have heard of it. I wouldn't say</p> <p>3 that I'm very familiar with it.</p> <p>4 Q. Do you know how many journals rejected</p> <p>5 Harper 2023 before they finally were able to</p> <p>6 publish in "Minerva"?</p> <p>7 A. I -- I don't know. Of course I don't</p> <p>8 know.</p> <p>9 Q. Are you aware that plaintiff's counsel</p> <p>10 have all the rejections from Harper 2023?</p> <p>11 MS. PARFITT: Objection. Form.</p> <p>12 THE WITNESS: I am not aware --</p> <p>13 MS. PARFITT: Relevance.</p> <p>14 THE WITNESS: -- of that.</p> <p>15 BY MS. DAVIDSON:</p> <p>16 Q. So plaintiff's counsel didn't share</p> <p>17 with you the many journals that rejected Harper</p> <p>18 2023, correct?</p> <p>19 MS. PARFITT: Objection.</p> <p>20 THE WITNESS: I already told you I do</p> <p>21 not -- do not have any of that.</p> <p>22 BY MS. DAVIDSON:</p> <p>23 Q. If it's outside your area of expertise</p> <p>24 to analyze the reliability of papers like</p> <p>25 Fletcher, Mandarino and Emi, how can you offer an</p>
<p style="text-align: right;">Page 203</p> <p>1 A. As I have stated, I am not a</p> <p>2 laboratory scientist, and I looked at them at a</p> <p>3 very high level. Some of the things that they</p> <p>4 reported on were that it increases some redox --</p> <p>5 rather, some measures of oxidative stress and</p> <p>6 measure of inflammation.</p> <p>7 Q. Which paper is that?</p> <p>8 A. Again, if I can pull the papers out,</p> <p>9 it's -- I looked at them at a very high level</p> <p>10 and --</p> <p>11 Q. When you say you looked at them at a</p> <p>12 very high level, did you evaluate the reliability</p> <p>13 of the Fletcher and Harper papers?</p> <p>14 A. What -- what I have stated is that I'm</p> <p>15 an epidemiologist. I am not a laboratory</p> <p>16 scientist. And so when I go through and read</p> <p>17 those papers, it is outside my area of expertise</p> <p>18 to say if the experiments were done correctly,</p> <p>19 reliably. I -- you know, there's some assumption</p> <p>20 that, you know, it has gone through peer review by</p> <p>21 people who know the field. And so I'm just really</p> <p>22 not in a position -- I just don't have the</p> <p>23 expertise to judge all the specifics of the</p> <p>24 laboratory studies.</p> <p>25 Q. Are you familiar with the journal</p>	<p style="text-align: right;">Page 205</p> <p>1 opinion about biological plausibility?</p> <p>2 MS. PARFITT: Objection. Your</p> <p>3 question was additional studies since 2019.</p> <p>4 As you know, she has testified on the issue</p> <p>5 of biological plausibility prior to 2019</p> <p>6 exhaustively in her deposition. I let you</p> <p>7 go forward because there were some studies</p> <p>8 that came out since that point.</p> <p>9 MS. DAVIDSON: Can you repeat the</p> <p>10 question?</p> <p>11 (The following question was read back:</p> <p>12 Q: If it's outside your area of</p> <p>13 expertise to analyze the reliability of</p> <p>14 papers like Fletcher, Mandarino and Emi,</p> <p>15 how can you offer an opinion about</p> <p>16 biological plausibility?)</p> <p>17 MS. PARFITT: Objection. It does</p> <p>18 misstate her testimony.</p> <p>19 Please.</p> <p>20 THE WITNESS: My opinion on biological</p> <p>21 plausibility was based on a number of</p> <p>22 factors, including the movement of talc up</p> <p>23 the genital talc -- up the genital tract;</p> <p>24 the presence of a carcinogen, asbestos, in</p> <p>25 talc products; and then some other</p>

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1 potential mechanisms by which -- you know,  
 2 for example, inflammation and all, which is  
 3 a well-established mechanism of  
 4 carcinogenesis.  
 5 So for those reasons, I think that  
 6 there are reasons why I can make a judgment  
 7 about biological plausibility.  
 8 BY MS. DAVIDSON:  
 9 Q. Does ovarian cancer typically  
 10 originate in the ovaries?  
 11 A. There is data to suggest that some  
 12 ovarian cancers actually originate in the  
 13 fallopian tubes.  
 14 Q. Do you know what percent?  
 15 A. I don't think that anybody would be  
 16 able to say that. That would mean being able to  
 17 determine there is an ovarian cancer from the  
 18 very -- very origin of the carcinogenic  
 19 transformation.  
 20 Q. Sitting here in 2024, does the  
 21 scientific community generally believe that  
 22 ovarian cancer is caused by inflammation?  
 23 MS. PARFITT: Objection as to what the  
 24 scientific community believes or doesn't  
 25 believe. What does that mean? That's so

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1 broad.  
 2 MS. DAVIDSON: Thank you. That's -- I  
 3 think you meant "Objection to form."  
 4 THE WITNESS: So please repeat the  
 5 question. Whenever the objections come in,  
 6 I kind of lose my train of thought.  
 7 MS. DAVIDSON: Yeah, they lose --  
 8 that's their purpose.  
 9 (The following question was read back:  
 10 Q: Sitting here in 2024, does the  
 11 scientific community generally believe that  
 12 ovarian cancer is caused by inflammation?)  
 13 MS. PARFITT: Objection.  
 14 THE WITNESS: Again, I don't -- I  
 15 can't speak for the entire scientific  
 16 community. I think that it is well  
 17 established that inflammation is one of the  
 18 hallmarks of cancer, one of the pathways  
 19 to -- to cancer.  
 20 BY MS. DAVIDSON:  
 21 Q. Is it one of the hallmarks of ovarian  
 22 cancer?  
 23 A. Just in general, inflammation is  
 24 considered a hallmark of -- of cancer development,  
 25 and so ovarian cancer, I would group within --

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1 with that.  
 2 Q. So just to be clear, is it your  
 3 opinion that inflammation is involved in the  
 4 development of all cancers?  
 5 MS. PARFITT: Objection. Relevancy.  
 6 Form.  
 7 THE WITNESS: I believe that the  
 8 general consensus is that inflammation is a  
 9 pathway involved in many cancer types.  
 10 Whether or not it is all cancers or not, I  
 11 don't -- I don't know. But I think that it  
 12 is a general consensus that inflammation is  
 13 part of the carcinogenic pathway.  
 14 BY MS. DAVIDSON:  
 15 Q. Can you point to any papers outside of  
 16 the context of talc stating that inflammation  
 17 causes ovarian cancer?  
 18 MS. PARFITT: Objection. Form.  
 19 MS. DAVIDSON: Okay.  
 20 MS. PARFITT: If you can understand  
 21 that.  
 22 And I would also object based upon the  
 23 fact that during the deposition of  
 24 January 25, '19, she was examined with  
 25 regard to mechanism -- in particular,

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1 inflammatory effects of talc --  
 2 MS. DAVIDSON: Uh-huh.  
 3 MS. PARFITT: -- as it pertains to  
 4 ovarian cancer. So I think we've been down  
 5 this road --  
 6 MS. DAVIDSON: That wasn't my  
 7 question.  
 8 BY MS. DAVIDSON:  
 9 Q. We're sitting here in 2024. Can you  
 10 point to any paper that's been published in the  
 11 literature, that does not involve talc, suggesting  
 12 that inflammation leads to ovarian cancer?  
 13 MS. PARFITT: Objection.  
 14 THE WITNESS: Off the top of my head,  
 15 I could not point to -- to one. But,  
 16 again, there is a very large literature.  
 17 Inflammation in cancer is a topic that has  
 18 a huge literature.  
 19 BY MS. DAVIDSON:  
 20 Q. Do you think it was inappropriate that  
 21 the authors of Taher assigned lower value to  
 22 case-control studies based on concerns of recall  
 23 bias?  
 24 A. I think that it is -- as I have stated  
 25 previously, every study has strengths and

<p style="text-align: right;">Page 210</p> <p>1 limitations, and I would not make a judgment about                  2 the quality of a study just based on the study                  3 design. There can be very good case-control                  4 studies; there can be very good cohort studies;                  5 and conversely, there can be very poor ones.                  6 I think it is important to point out                  7 that these case-control studies, if you look                  8 through any textbook, any epidemiology textbook,                  9 it will describe case-control studies as a --                  10 ideally designed to address diseases that are                  11 relatively uncommon and have a long latency                  12 period.                  13 So case-control studies are extremely                  14 appropriate for the question at hand. And -- I'm                  15 sorry. And so I wouldn't --                  16 Oh, the other point I was going to                  17 make is that all or virtually all of the                  18 case-control studies, they've gone -- undergone                  19 peer review for funding. Many of them were funded                  20 by the National Cancer Institute.                  21 So they are an appropriate design for                  22 studying talc in ovarian cancer. And so I would                  23 not give them a lower quality score just on that                  24 basis that recall bias is a potential limitation                  25 of case-control studies.</p>	<p style="text-align: right;">Page 212</p> <p>1 Q. Is that a reputable journal?                  2 A. Overall, it's a pretty well-respected                  3 journal, yes.                  4 Q. Have you ever published there?                  5 A. I don't believe I have as a first                  6 author. I might have as a co-author. I don't --                  7 don't recall exactly.                  8 Q. And as we discussed earlier, you're                  9 not aware of any biases to the authors, correct?                  10 A. Any?                  11 Q. Bias.                  12 A. Any bias?                  13 Q. That these two authors have, are you?                  14 A. I don't -- I don't know of anything                  15 that would -- would lead me to make that                  16 conclusion.                  17 Q. They don't have any -- they don't                  18 report conflicts of interest, correct?                  19 A. Well, conflicts of interest and bias                  20 are not synonymous, but --                  21 Q. I'm asking another question.                  22 A. -- but they do not report conflicts of                  23 interest.                  24 Q. And I take it from our prior                  25 conversation, you're not aware that "Gynecologic</p>
<p style="text-align: right;">Page 211</p> <p>1 Q. My question was simply: Do you agree                  2 or disagree with Taher?                  3 A. And so if he is giving a study a lower                  4 quality score just because it's a case-control                  5 study, I would disagree with that.                  6 MS. DAVIDSON: Okay. Let's move along                  7 to Exhibit -- let's mark as Exhibit 16                  8 Wentzensen and O'Brien 2021.                  9 (MOORMAN EXHIBIT 16, Gynecologic                  10 Oncology - Talc, body powder, and ovarian                  11 cancer: A summary of the epidemiologic                  12 evidence, was marked for identification.)                  13 BY MS. DAVIDSON:                  14 Q. Again, Exhibit 16 will be "Talc, body                  15 powder, and ovarian cancer: A summary of                  16 epidemiologic evidence," Nicolas Wentzensen,                  17 Katie M. O'Brien. I think it's 2021.                  18 If you could turn to Page 9. You                  19 discussed this paper in your most recent report in                  20 2023, right?                  21 A. I believe I did, yes.                  22 Q. Yes. Thank you.                  23 And where is this paper published?                  24 A. It's published in "Gynecologic                  25 Oncology."</p>	<p style="text-align: right;">Page 213</p> <p>1 Oncology" is one of the many papers that rejected                  2 Dr. Fletcher, Harper, Saed's 2023 paper, right?                  3 A. I already told you I'm unaware of the                  4 publication history of that paper.                  5 Q. Okay. If we could turn to Page 9 of                  6 this report, the authors state at the top of                  7 Page 9: Given the inability to attribute a clear                  8 causal factor to the observed associations, the                  9 lack of a good experimental model, the lack of a                  10 specific biomarker for powder-related                  11 carcinogenesis, and the inability to rule out                  12 confounding by indication, it is difficult to                  13 conclude that the observed associations are                  14 causal.                  15 Do you see that?                  16 A. I do see that.                  17 Q. Did you include that discussion -- did                  18 you reference that statement in your report?                  19 A. I did not reference that specific                  20 statement, no.                  21 Q. Do you agree with the authors that any                  22 association is, quote, "small"?                  23 A. I -- I'd prefer not to use adjectives                  24 like "small." I think it's much more helpful just                  25 to report what the relative risk is. It's a</p>

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1 relative risk of 1.25, 1.3, whatever. I think  
 2 that that is a more accurate and preferable way to  
 3 do it.  
 4 I would further state that in terms of  
 5 the public health impact, it is dependent both on  
 6 the -- the size of the relative risk and the --  
 7 the prevalence of use of the exposure.  
 8 Q. So you're -- just to be clear, you're  
 9 refusing to agree with these authors that the  
 10 association is small?  
 11 MS. PARFITT: Objection. Form.  
 12 THE WITNESS: I would not agree with  
 13 that because I don't like to -- I would not  
 14 describe it with that adjective. I would  
 15 just report what the association is,  
 16 quantify it.  
 17 BY MS. DAVIDSON:  
 18 Q. Drs. Wentzensen and O'Brien state,  
 19 quote: We currently do not understand the causal  
 20 factors that underlie the observed weak  
 21 associations between genital powder use and  
 22 ovarian cancer risk.  
 23 Do you disagree with that statement?  
 24 A. Where are you reading from?  
 25 Q. You're challenging my eyes again.

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1 Further down the same paragraph, or maybe it's --  
 2 MS. DAVIDSON: Can you point to where  
 3 the sentence is?  
 4 All right. I'm going to have to give  
 5 in to Michelle and get reading glasses. I  
 6 usually read the papers online where you  
 7 can make them bigger.  
 8 MR. TRANGLE: It's on Page 8.  
 9 MS. DAVIDSON: Oh, the prior page.  
 10 That's why.  
 11 MR. TRANGLE: At the very, very end.  
 12 MS. DAVIDSON: Yeah. Yeah.  
 13 BY MS. DAVIDSON:  
 14 Q. In summary -- sorry about that.  
 15 MR. TRANGLE: Page 8 at the very end.  
 16 BY MS. DAVIDSON:  
 17 Q. Bottom of Page 8. In summary, we  
 18 currently do not understand the causal factors  
 19 that underlie the observed weak association  
 20 between genital powder use and ovarian cancer  
 21 risk.  
 22 MS. DAVIDSON: Sorry you had to type  
 23 that twice. I shouldn't have repeated it.  
 24 BY MS. DAVIDSON:  
 25 Q. Anyway, do you agree or disagree with

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1 that statement?  
 2 A. I mean, I -- I think that I would say  
 3 that we -- I neither totally agree nor totally  
 4 disagree with that in that our understanding of  
 5 most risk factors and cancer is not complete.  
 6 But I think that we do have some  
 7 understanding of potential causal factors, like,  
 8 namely that asbestos is found in many talc  
 9 products. It's a carcinogen. So I kind of -- I  
 10 don't completely disagree nor agree with that  
 11 statement.  
 12 Q. You just said that asbestos is found  
 13 in many talc products. What do you mean by  
 14 "many"?  
 15 A. Based on analyses that I have seen,  
 16 analyses done by the plaintiff's expert, I have --  
 17 back in the -- as we discussed earlier, I have  
 18 seen some documents -- internal documents from J&J  
 19 that noted that talc was found in some samples.  
 20 And the FDA also found talc in some samples, so...  
 21 Q. Did the FDA find talc in many -- did  
 22 the FDA find asbestos in many batches of Johnson's  
 23 Baby Powder?  
 24 MS. PARFITT: And, Jessica, if I  
 25 can -- she said "talc" in the product. Did

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1 you mean "asbestos" in the product?  
 2 Everybody is getting tired.  
 3 THE WITNESS: Yeah, I did mean --  
 4 MS. DAVIDSON: We can take a break in  
 5 a few minutes.  
 6 BY MS. DAVIDSON:  
 7 Q. Did --  
 8 MS. PARFITT: Yeah, please. So could  
 9 we -- maybe could you ask --  
 10 BY MS. DAVIDSON:  
 11 Q. Can you answer my question?  
 12 MS. PARFITT: I just want to get it  
 13 clear.  
 14 THE WITNESS: Again, I -- I know that  
 15 they -- they did find -- you know, their  
 16 report from 2020. The exact numbers, I am  
 17 not recalling off the top of my head.  
 18 BY MS. DAVIDSON:  
 19 Q. Of all the lots that J&J has ever  
 20 tested of Johnson's Baby Powder, how many times  
 21 have they found asbestos?  
 22 A. Of course that's an impossible  
 23 question to answer.  
 24 Q. What do you mean? Of all the times  
 25 that the FDA has reported on testing of



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1 Johnson's --  
 2 A. Oh, you --  
 3 Q. -- Baby Powder, how many times have  
 4 they reported finding --  
 5 A. I don't -- I already answered it. I  
 6 said, I don't recall the exact numbers.  
 7 Q. And are you -- do you consider  
 8 yourself qualified to analyze the reliability of  
 9 the work done by plaintiff's asbestos expert?  
 10 MS. PARFITT: Objection. Form.  
 11 THE WITNESS: I have already stated  
 12 that I am not an expert in the mineral  
 13 science, and so I know that that will be  
 14 discussed further, and --  
 15 BY MS. DAVIDSON:  
 16 Q. But you did say you're relying on his  
 17 work?  
 18 A. I am saying that that is part of what  
 19 I was considering.  
 20 Q. In reaching the conclusion that  
 21 asbestos is found in many talc products?  
 22 A. I mean -- yes. Yes.  
 23 Q. Other than J&J internal products, the  
 24 FDA's finding in 2020, and plaintiff's expert's  
 25 opinions, is there anything else you're relying on

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1 for your opinion that asbestos is found in, quote,  
 2 "many talc products"?  
 3 MS. PARFITT: I'm going to object.  
 4 This was examined exhaustively in 2019.  
 5 This is a total redo. She answered those  
 6 questions --  
 7 MS. DAVIDSON: She answered a  
 8 question. I'm asking a follow-up.  
 9 Michelle, that's ridiculous.  
 10 MS. PARFITT: You know what, Jessica?  
 11 Nothing I'm going to say is going to be  
 12 ridiculous. I'm making my objection. I'm  
 13 permitted to do so and --  
 14 MS. DAVIDSON: The FDA thing happened  
 15 after her last deposition.  
 16 MS. PARFITT: Beg your pardon?  
 17 MS. DAVIDSON: The FDA thing happened  
 18 after her last deposition. We've never  
 19 discussed this.  
 20 MS. PARFITT: Did the others occur  
 21 before the last deposition?  
 22 MS. DAVIDSON: What does that matter?  
 23 You can't parse it like that. She made a  
 24 statement. I'm allowed to ask a follow-up  
 25 question.

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1 MS. PARFITT: I can object --  
 2 MS. DAVIDSON: Okay.  
 3 MS. PARFITT: -- to anything --  
 4 MS. DAVIDSON: Object all you want.  
 5 MS. PARFITT: -- I find objectionable.  
 6 MS. DAVIDSON: Let's object all you  
 7 want.  
 8 Can you repeat the question?  
 9 MS. PARFITT: I will do that --  
 10 MS. DAVIDSON: Okay.  
 11 MS. PARFITT: -- Jessica --  
 12 MS. DAVIDSON: Please do.  
 13 MS. PARFITT: -- as you will do --  
 14 MS. DAVIDSON: Can you repeat the  
 15 question?  
 16 MS. PARFITT: -- when we take your  
 17 experts. Believe me, you will.  
 18 (The following question was read back:  
 19 Q: Other than J&J internal products,  
 20 the FDA's finding in 2020, and plaintiff's  
 21 expert's opinions, is there anything else  
 22 you're relying on for your opinion that  
 23 asbestos is found in, quote, "many talc  
 24 products"?)  
 25 MS. PARFITT: Objection. Previously

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1 examined during the deposition 2019.  
 2 It's not funny, Jessica. None of this  
 3 is funny. My ladies are dying that I  
 4 represent, so I find nothing funny about  
 5 this deposition, I must tell you.  
 6 THE WITNESS: I think that from the  
 7 standpoint of it is not -- okay. Yes, I am  
 8 relying on those three sources of data  
 9 that -- that were described in the  
 10 question.  
 11 BY MS. DAVIDSON:  
 12 Q. Okay. We can move on, then. I just  
 13 wanted to make sure there was nothing else.  
 14 The authors of O'Brien and Wentzensen  
 15 state: The low relative risk translates to a very  
 16 low absolute risk increase, given the rarity of  
 17 ovarian cancer.  
 18 Do you disagree with that statement?  
 19 A. I disagree with what it conveys. We  
 20 know that in -- ovarian cancer is a relatively low  
 21 incidence of cancer. But as several -- and there  
 22 have been some studies that have calculated the  
 23 population attributable risk for talc use and  
 24 ovarian cancer. And I -- if I'm recalling, some  
 25 of -- some reports have calculated the population



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1 attributable risk as about 12 to 15 percent of  
 2 ovarian cancers, you know -- as you would  
 3 interpret the population attributable risk, if all  
 4 other factors were kept equal and you could  
 5 eliminate talc, you would be able to, in theory,  
 6 eliminate 12 to 15 percent of ovarian cancers.  
 7 And so among the 20-some-thousand  
 8 ovarian cancers each year, eliminating 2,000,  
 9 3,000 of them by no talc use, I would say that  
 10 that is not a small absolute risk. You can  
 11 interpret the numbers in different ways, but I  
 12 think that the public health importance is -- is  
 13 quite large, and I think that that statement does  
 14 not convey that. It conveys that it's a  
 15 negligible impact, and I think that it's a big  
 16 impact.  
 17 Q. Dr. Wentzensen and O'Brien have  
 18 devoted their careers to public health and cancer,  
 19 right?  
 20 A. Yes, as far as I know. I --  
 21 Q. Have you --  
 22 A. I --  
 23 Q. Have you done any study of historical  
 24 patterns of talc use and whether they match  
 25 historical patterns of ovarian cancer?

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1 A. I have not done such a study. And it  
 2 is -- it really would not be particularly  
 3 informative because of all the other risk factors  
 4 and how they might have changed over time as well.  
 5 And so it's not like you could look  
 6 at -- keep all other risk factors static and then  
 7 talc went up or went down and how did it affect  
 8 it. I don't think that study would be  
 9 particularly informative.  
 10 Q. What studies were you referring to in  
 11 terms of your testimony that some studies have  
 12 found an absolute percentage of talc cases that  
 13 they believe are caused by ovarian cancer [sic]?  
 14 A. Let's see. Let me just double-check  
 15 that my -- I believe that the study by Wu might  
 16 have reported it. But, again, many studies and  
 17 all the specific details -- my eyes are so tired  
 18 that it's hard to read.  
 19 I'm happy to take a couple -- I'm not  
 20 seeing it right in here. But I know that there  
 21 have been studies that have calculated the  
 22 population attributable risk.  
 23 Q. But you're not sure whether or not  
 24 that's Wu?  
 25 A. Again, you know, trying to remember

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1 this many details from many studies, I can't swear  
 2 that it was there. That was the name that was  
 3 sticking in my mind, but --  
 4 Q. In -- in their 2021 paper, Wentzensen  
 5 and O'Brien discuss the Schildkraut paper, right?  
 6 A. I believe the Schildkraut paper was  
 7 certainly included in there. Was there a  
 8 specific -- I'm -- right off, I know that the  
 9 Schildkraut paper was one of the studies included  
 10 in here in the text.  
 11 I'm -- I'm not putting my fingers on  
 12 any discussion of the Schildkraut paper. And I  
 13 just don't recall specifically whether -- how it  
 14 was mentioned, if it was mentioned in here.  
 15 Q. It's mentioned on Page 5 under their  
 16 discussion of recall bias, wasn't it?  
 17 A. Okay. Yes. Yes, I see.  
 18 Q. Do you disagree with their analysis of  
 19 Schildkraut?  
 20 A. They are recording the -- exactly what  
 21 we reported in our -- our papers, that, yes, there  
 22 was an attenuation of the odds ratio when the  
 23 analysis was limited to women who had completed  
 24 the questionnaire prior to 2014's. So --  
 25 Q. Okay.

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1 A. -- they're just stating what we stated  
 2 in our paper, basically.  
 3 Q. At the top of Page 4, Wentzensen and  
 4 O'Brien say: The data suggests that there are  
 5 several etiologically distinct types of cancers  
 6 that manifest in the ovaries.  
 7 Do you disagree with that statement?  
 8 A. No. I think that -- I think that  
 9 their statement is accurate.  
 10 Q. And "etiologically distinct types of  
 11 cancers" means cancers with different  
 12 pathogenesis?  
 13 A. What I believe that they're referring  
 14 to is that some associations vary a bit by  
 15 subtype. So associations with risk factors vary  
 16 by subtype a bit.  
 17 Q. Uh-huh.  
 18 A. So, you know, if it's -- for example,  
 19 smoking is associated more strongly with some  
 20 ovarian cancer subtypes than others --  
 21 Q. And they say: It's been proposed that  
 22 a majority of high-grade serous carcinomas arise  
 23 from the fallopian tubes, while endometrioid  
 24 carcinomas may arise from the orthotopic or  
 25 ectopic endometrial tissue.

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1 Do you agree with that statement?

2 A. The -- the statement that that has

3 been proposed, yes. That -- that has indeed been

4 proposed.

5 Q. And is there now a general view in the

6 ovarian cancer science community that most

7 high-grade serous carcinoma originates in the

8 fallopian tubes?

9 MS. PARFITT: Objection to form.

10 THE WITNESS: I -- I know that that is

11 frequently reported in the literature, that

12 many ovarian cancers, particularly the

13 high-grade serous, arise in the fallopian

14 tubes. Whether there is a consensus, I

15 can't speak for the entire body of ovarian

16 cancer scientists.

17 BY MS. DAVIDSON:

18 Q. So you don't know whether there's a

19 consensus right now on that topic?

20 MS. PARFITT: Objection. Asked and

21 answered.

22 THE WITNESS: I know that that's

23 frequently mentioned. But whether it could

24 be characterized as a consensus, I -- I

25 don't know.

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1 BY MS. DAVIDSON:

2 Q. Do you agree that many ovarian cancer

3 risk factors and exposures are specific to certain

4 subtypes?

5 A. I'm not sure that I would agree with

6 that adjective, "many." There are some

7 differences by subtypes, but I don't know that I

8 would agree with the "many."

9 MS. DAVIDSON: All right. We've been

10 going about an hour. Let's take a break.

11 You seem tired.

12 THE WITNESS: I am tired.

13 \* \* \*

14 (Whereupon, there was a recess in the

15 proceedings from 4:26 p.m. to 4:46 p.m.)

16 \* \* \*

17 BY MS. DAVIDSON:

18 Q. Are you offering an opinion in this

19 litigation that the inhalation of talc can cause

20 ovarian cancer?

21 A. The opinion that I offered was related

22 to talc exposure, and nearly all of the data are

23 related to perineal exposure. And so that's where

24 my opinion lies.

25 Q. I'm not sure I understand the answer

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1 to this question. And it's kind of important.

2 Will you be testifying at trial that

3 inhaling talc can cause ovarian cancer?

4 A. Well, at this point, I don't even know

5 that I -- I will be testifying at trial. As far

6 as I know, there's no trial date set. I have not

7 been asked at this point to testify at any trial.

8 So I don't know what I would be testifying to.

9 Q. Well, if you're offering an opinion

10 about --

11 MS. DAVIDSON: Can we go off the

12 record.

13 (Off-the-record conference.)

14 BY MS. DAVIDSON:

15 Q. As of today, February 2024, are you

16 offering an opinion in this litigation that the

17 inhalation of talc can lead to the development of

18 ovarian cancer?

19 A. I have offered an opinion about

20 exposure to talc generally and ovarian cancer. I

21 am focusing on the epidemiologic studies, and I'm

22 not aware of any large-scale epidemiologic study

23 that has reported on inhalation of talc in ovarian

24 cancer.

25 Q. Have there been any occupational

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1 studies that have looked at occupational exposure

2 to talc and the development of ovarian cancer?

3 MS. PARFITT: That was asked and

4 answered earlier.

5 MS. DAVIDSON: Asked and answered

6 when?

7 MS. PARFITT: It was early on in the

8 deposition when you were talking about

9 occupational and nonoccupational exposure.

10 MS. DAVIDSON: That was asbestos. We

11 were talking about asbestos exposure. I'm

12 talking about talc exposure.

13 Michelle, please don't interrupt my

14 questions when -- when what you're saying

15 isn't even true. Try to listen carefully

16 to the question.

17 MS. PARFITT: Whoa, whoa, whoa, whoa,

18 whoa, whoa, whoa.

19 BY MS. DAVIDSON:

20 Q. My question is --

21 MS. PARFITT: Don't say it isn't true.

22 Some of your questions, Jessica, with all

23 due respect, haven't been all that clear.

24 MS. DAVIDSON: Thank you so much. I'm

25 sure you would do better.

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1 MS. PARFITT: I -- I'm not saying I  
 2 would do better.  
 3 MS. DAVIDSON: Can -- can you  
 4 reread -- can you reread the question? Can  
 5 you read the question?  
 6 MS. PARFITT: I just want a clear  
 7 record, Jessica. I'm sure you do, too.  
 8 MS. DAVIDSON: We have a clear record.  
 9 Can you read the question?  
 10 MS. PARFITT: Well, let's get one.  
 11 (The following question was read back:  
 12 Q: Have there been any occupational  
 13 studies that have looked at occupational  
 14 exposure to talc and the development of  
 15 ovarian cancer?)  
 16 MS. PARFITT: Objection. Asked and  
 17 answered.  
 18 THE WITNESS: Again, the occupational  
 19 literature, I have not reviewed that in  
 20 quite a while. As -- I do recall -- I  
 21 believe that there have been studies of  
 22 occupational exposure to talc and ovarian  
 23 cancer, but I'm -- I haven't looked at  
 24 those -- those studies. And I'm trying --  
 25 it's not clear in my mind right now what

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1 the studies were, you know.  
 2 I looked at, I believe, both  
 3 occupational studies of talc, occupational  
 4 studies of asbestos. And because I haven't  
 5 looked at them in so long, I just can't  
 6 recall at this moment what was reported in  
 7 those studies.  
 8 BY MS. DAVIDSON:  
 9 Q. Have you reviewed a paper from July  
 10 2023 titled Lisa Leung, "Occupational environment  
 11 and ovarian cancer risk"?  
 12 A. I'm sorry. The author, again?  
 13 Q. Lisa L-E-U-N-G.  
 14 A. I am not recalling that paper  
 15 specifically.  
 16 Q. Have you reviewed any literature since  
 17 2019 that you believe would support an opinion  
 18 that inhalation of talc can cause ovarian cancer?  
 19 MS. PARFITT: Objection. Asked and  
 20 answered.  
 21 THE WITNESS: I recall reading papers  
 22 that discussed that inhalation of talc and  
 23 movement through the body is possible.  
 24 I -- I just don't recall specifically where  
 25 I read that at this point in time.

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1 BY MS. DAVIDSON:  
 2 Q. And you don't recall if that was  
 3 before or after your 2019 deposition?  
 4 A. No, I don't recall.  
 5 Q. Do you know whether ovarian cancer  
 6 diagnoses have fallen in the last three decades?  
 7 A. Whether ovarian cancer diagnoses --  
 8 Q. -- diagnoses have dropped in the last  
 9 three decades?  
 10 MS. PARFITT: Objection. Form.  
 11 THE WITNESS: Again, you're asking me  
 12 to recall some data that I have looked at,  
 13 but the specific numbers I am not recalling  
 14 at this point.  
 15 BY MS. DAVIDSON:  
 16 Q. As an epidemiologist in this area, I'm  
 17 asking whether you know whether ovarian cancer  
 18 rates have fallen in the last three decades.  
 19 MS. PARFITT: Objection. Form.  
 20 THE WITNESS: And I -- I have answered  
 21 it, that I just don't -- I mean, I  
 22 certainly have looked at those numbers.  
 23 I'm just not recalling at this point  
 24 exactly what the -- the trends are.  
 25 BY MS. DAVIDSON:

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1 Q. In your report, you mention multiple  
 2 letters to the editor by Dr. Egilman, correct, in  
 3 your two reports?  
 4 A. I -- I know that I mentioned at least  
 5 one of them. I don't know that it was multiple  
 6 letters.  
 7 Q. Do you recall how many times  
 8 Dr. Egilman has written letters to the editor that  
 9 you've cited in your various reports?  
 10 A. No, I do not recall that.  
 11 Q. Do you know whether plaintiff's  
 12 counsel asked Dr. Egilman to write those letters?  
 13 A. No, I do not know that.  
 14 Q. How did you come to be retained in the  
 15 Zantac litigation?  
 16 A. I was approached by Steve Rotman, an  
 17 attorney out of Boston, and I -- I don't know  
 18 precisely how he got my name or information. And  
 19 he talked to me about would I be interested in  
 20 reviewing the literature on this topic.  
 21 And as it was at a time point where I  
 22 was close to retiring from Duke but we were still  
 23 pretty heavily in the midst of COVID in early  
 24 2021, that I agreed to look at the literature in  
 25 relation to that. So that's how it came about.

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1 Q. When you did your expert report in  
 2 Zantac, did you explicitly assign different  
 3 weights to different studies?  
 4 A. I discussed some of the studies that I  
 5 found more persuasive. I think you probably used  
 6 some phrasing that I weighted it more heavily or  
 7 not.  
 8 Q. In fact, you used the terms "strong"  
 9 and "moderate" in terms of the weight you provided  
 10 to various studies, correct?  
 11 A. Yes, I -- I believe that I did.  
 12 Q. Why didn't you do that here?  
 13 A. I had not done that in the -- the  
 14 previous report, and so I was kind of keeping it  
 15 consistent with what I had done previously.  
 16 Q. What previous report?  
 17 A. In my previous report on talc.  
 18 Q. I guess my question is: Why did you  
 19 do that in the Zantac litigation and not the talc  
 20 litigation?  
 21 MS. PARFITT: Objection. Form.  
 22 THE WITNESS: I don't recall exactly  
 23 what the rationale was. I -- I just don't  
 24 recall the exact rationale for it.  
 25 BY MS. DAVIDSON:

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1 Q. Okay. The Zantac court criticized  
 2 your methodology on the ground that some of the  
 3 stated reasons for your analysis, such as length  
 4 of time, sample sizes, ascertainment of exposure,  
 5 were, quote, "inconsistently applied." Do you  
 6 think that was a fair criticism?  
 7 A. No. I already told you that I did  
 8 not -- I did not agree with that decision, and I  
 9 think that I pretty explicitly described my  
 10 rationale for decisions that I made about each of  
 11 the studies.  
 12 Q. The Zantac court was also concerned  
 13 that you ignored the authors' conclusions in some  
 14 of the studies that you cited. Was that a fair  
 15 criticism?  
 16 A. I don't think that I ignored any of  
 17 the authors' conclusions. I think that there were  
 18 instances where I disagreed. And, again, when I  
 19 disagreed with the conclusion, I tried to explain  
 20 why I disagreed with that conclusion.  
 21 Q. The Zantac court felt that you  
 22 selected data from studies that fit with your  
 23 ultimate opinion while simultaneously ignoring  
 24 data in the very same studies that did not fit  
 25 with your opinions. Was that a fair criticism?

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1 A. I don't think that was fair. I don't  
 2 think that I -- I did that.  
 3 Q. Have you been asked to provide expert  
 4 opinions in the state court litigation of Zantac?  
 5 A. I'm not aware of any state court  
 6 litigation. I have not been approached.  
 7 Q. Are you aware of any paper by an  
 8 independent scientist not associated with this  
 9 litigation that has concluded that talc use can  
 10 cause ovarian cancer?  
 11 MS. PARFITT: Objection. Form.  
 12 MS. DAVIDSON: Do you want the  
 13 question repeated?  
 14 THE WITNESS: Yes, please repeat it  
 15 for me.  
 16 (The following question was read back:  
 17 Q: Are you aware of any paper by an  
 18 independent scientist not associated with  
 19 this litigation that has concluded that  
 20 talc use can cause ovarian cancer?)  
 21 MS. PARFITT: Objection. Form.  
 22 THE WITNESS: The Health Canada  
 23 report, I think they made the conclusion  
 24 that --  
 25 BY MS. DAVIDSON:

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1 Q. Is the Health Canada report --  
 2 MS. PARFITT: Wait. She's --  
 3 BY MS. DAVIDSON:  
 4 Q. -- a published paper in the scientific  
 5 literature?  
 6 MS. PARFITT: -- she's in the middle  
 7 of -- she's in the middle of her response.  
 8 Please let her finish.  
 9 BY MS. DAVIDSON:  
 10 Q. I think you might have misheard the  
 11 question.  
 12 MS. PARFITT: No. Let her finish what  
 13 she was saying, and then you can say she  
 14 didn't hear your question.  
 15 THE WITNESS: Yeah. What I was  
 16 stating, I said, the Health Canada report  
 17 stated the available data are indicative of  
 18 a causal relationship.  
 19 BY MS. DAVIDSON:  
 20 Q. Do you remember my question?  
 21 A. Please repeat it for me, please.  
 22 Q. Are you aware of any published paper  
 23 in the scientific literature by an independent  
 24 scientist who is not a paid expert in this  
 25 litigation concluding that talc can cause ovarian



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1 cancer?

2 A. Well, I would argue that this is in

3 the scientific literature, that this was not done

4 by a plaintiff expert, and it concluded that there

5 was a causal relationship. They don't -- I don't

6 recall if they specified who actually wrote the

7 paper, but I would argue this is part of the

8 scientific literature.

9 Q. Do you know who wrote the Health

10 Canada report?

11 A. I just stated that I don't remember

12 the -- if they -- I just don't remember

13 specifically if they named the specific authors or

14 not. I just don't remember that.

15 Q. Did Health Canada -- was that Health

16 Canada published in any peer-reviewed literature?

17 A. I don't know that it was published in

18 the peer-reviewed literature.

19 Q. Does the Health Canada report rely in

20 part on litigation reports by plaintiffs' experts?

21 MS. PARFITT: Objection. Form.

22 THE WITNESS: My understanding is that

23 they considered some of the plaintiffs'

24 expert reports as well as some of the -- I

25 think also some of the defendant expert --

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1 or some of what came from the defendants as

2 well.

3 BY MS. DAVIDSON:

4 Q. Have you ever read a paper in the

5 peer-reviewed scientific literature that relies on

6 litigation expert reports?

7 MS. PARFITT: Objection. Misstates

8 her testimony.

9 You can answer the question.

10 MS. DAVIDSON: It's not misstating any

11 testimony. I'm asking.

12 THE WITNESS: I'm sorry.

13 MS. DAVIDSON: That's just -- can you

14 repeat the question?

15 Could you stop obstructing?

16 MS. PARFITT: Jessica --

17 MS. DAVIDSON: Go ahead.

18 MS. PARFITT: -- please. We made it

19 through a whole day. Don't characterize my

20 objections, and I won't characterize your

21 questions.

22 MS. DAVIDSON: You just characterized

23 the question -- mischaracterized it,

24 actually.

25 Go ahead.

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1 (The following question was read back:

2 Q: Have you ever read a paper in the

3 peer-reviewed scientific literature that

4 relies on litigation expert reports?)

5 MS. PARFITT: Object to the form.

6 Broad.

7 THE WITNESS: I cannot recall that.

8 I -- when I was reading that in the Health

9 Canada report, it struck me as a little bit

10 unusual. But I also thought that it was

11 actually -- they were considering arguments

12 made by scientists on either side of the

13 question.

14 So I thought that it was a bit

15 unusual, but I thought that it was perhaps

16 the strength of their evaluation of all of

17 the literature.

18 BY MS. DAVIDSON:

19 Q. Do you recall the Zantac court saying

20 that no independent scientist or publication has

21 concluded that ranitidine causes cancer?

22 A. I -- I mean, that was a very long

23 document, as you acknowledged. And do I recall

24 that specific statement? I don't recall it.

25 It's -- it might have been in there.

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1 Q. Are you aware of a single scientific

2 body in the United States that has concluded that

3 talc can cause ovarian cancer?

4 A. I am not aware of that.

5 Q. Has anyone who is not a plaintiff's

6 expert written a letter criticizing either O'Brien

7 2020 or O'Brien, Wentzensen 2021?

8 A. I don't recall all the letters to the

9 editor. I -- I am not aware of them other than

10 the letters that I referenced in my report.

11 Q. And the ones you referenced in your

12 report were by plaintiffs' experts, correct?

13 A. Correct.

14 Q. If a study asks women about talc use

15 after the women have gone through menopause, that

16 doesn't mean that the women did not use talc

17 before menopause, correct?

18 A. If they asked about talc use after

19 menopause --

20 Q. Uh-huh.

21 A. -- it doesn't mean they didn't use it

22 before menopause? Lots of negatives.

23 No, it does not mean that. If they

24 reported it after menopause, they could have used

25 it -- depending on how the question was phrased,



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1 they could have used it anytime throughout  
 2 their -- their life.  
 3 MS. DAVIDSON: Let's go off the  
 4 record.  
 5 \* \* \*  
 6 (Whereupon, there was a recess in the  
 7 proceedings from 5:09 p.m. to 5:11 p.m.)  
 8 \* \* \*  
 9 BY MS. DAVIDSON:  
 10 Q. I just have one other question,  
 11 subject to any questions from Michelle. If we  
 12 could go back to O'Brien 2020, which is Exhibit 2,  
 13 if I -- yeah, it's Exhibit 2. I'm not having a  
 14 senior moment today despite my blindness.  
 15 If you can just look at the abstract  
 16 for O'Brien 2020, does this refresh your  
 17 recollection as to whether O'Brien 2020 had a  
 18 definition for "frequent talc use"? Under  
 19 "Exposures."  
 20 A. Let's see.  
 21 Q. I'm reading the abstract under  
 22 "Exposures."  
 23 A. Long-term -- rather, "frequent," they  
 24 defined it as greater or equal to 1 time per week.  
 25 Q. And O'Brien was published before

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1 Woolen, correct?  
 2 A. This was 2020, and Woolen was -- was  
 3 later, yeah.  
 4 Q. So both O'Brien and Davis define  
 5 "frequent" differently from Woolen, correct?  
 6 A. What -- I -- we have talked about this  
 7 repeatedly and --  
 8 Q. Well, we haven't talked about this at  
 9 all, actually.  
 10 A. No. No. What I'm saying is, Woolen  
 11 was -- they used that cut point for a criteria  
 12 for including a study in their meta-analysis.  
 13 Q. Uh-huh.  
 14 A. And from there, the purpose of their  
 15 analysis was to -- what was -- to examine what was  
 16 the risk with the highest level of exposure.  
 17 I don't think it was ever necessarily  
 18 their intention to look at 2 times a week or  
 19 greater. Their intent was to look at the highest  
 20 level of exposure in the studies.  
 21 And so what -- this definition of  
 22 "frequent" in O'Brien, it is different than the  
 23 definition of what they considered the minimum  
 24 level of use for frequent use to be included in  
 25 their meta-analysis.

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1 MS. DAVIDSON: Okay. Michelle.  
 2 MS. PARFITT: Thank you.  
 3 \* \* \*  
 4 EXAMINATION  
 5 BY MS. PARFITT:  
 6 Q. Just a couple, Doctor.  
 7 Dr. Moorman, do you have knowledge  
 8 whether at the time that Dr. Harlow and  
 9 Dr. Rothman wrote their letters -- editorial  
 10 letters in response to the O'Brien paper, whether  
 11 or not they were retained plaintiffs' experts?  
 12 A. I do not know when they were retained  
 13 as experts. So I can't say at that point whether  
 14 they were or -- or not.  
 15 Q. All right. Also, did you have an  
 16 opportunity to review the reply by Katie O'Brien  
 17 to the letters to the editor written by Dr. Harlow  
 18 and Dr. Rothman?  
 19 A. I did.  
 20 Q. What was the nature of the reply by  
 21 Dr. O'Brien to the criticisms that were registered  
 22 by Dr. Harlow and Dr. Rothman?  
 23 A. There were several points on which  
 24 Dr. O'Brien acknowledged that the -- the  
 25 criticisms raised by Dr. Harlow, Rothman and

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1 Cramer were valid. In particular, noted that the  
 2 misclassification in the cohort studies could have  
 3 resulted in an underestimate of the true relative  
 4 risk. And -- let's see. And they also addressed  
 5 the point about the -- reporting on the point  
 6 estimate and not relying just on the statistical  
 7 significance.  
 8 MS. PARFITT: I don't have any further  
 9 questions. Thank you, Dr. Moorman.  
 10 MS. DAVIDSON: Let's just mark  
 11 Dr. Harlow's letter as Exhibit --  
 12 THE REPORTER: 17.  
 13 MS. DAVIDSON: -- Exhibit 17.  
 14 (MOORMAN EXHIBIT 17, Dr. Harlow's  
 15 letter in response to the O'Brien paper,  
 16 was marked for identification.)  
 17 \* \* \*  
 18 EXAMINATION  
 19 BY MS. DAVIDSON:  
 20 Q. I just marked the letter from -- I  
 21 just marked as Exhibit -- 17?  
 22 MR. TRANGLE: 17.  
 23 BY MS. DAVIDSON:  
 24 Q. -- the letter that Dr. Harlow wrote  
 25 to -- in response to the O'Brien paper. And you

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1 were just asked a minute ago by Ms. Parfitt  
 2 whether Dr. Harlow had yet been serving as a  
 3 litigation expert. Can you read the conflict of  
 4 interest disclosure for Dr. Harlow?  
 5 A. It says: Dr. Harlow reported  
 6 publishing research and serving as a consultant on  
 7 the topic of talc and ovarian cancer. No other  
 8 disclosures were reported.  
 9 Q. Does this indicate who Dr. Harlow was  
 10 serving as a consultant to?  
 11 A. No, it does not.  
 12 MS. DAVIDSON: Let's go off the record  
 13 for a minute.  
 14 \* \* \*  
 15 (Whereupon, there was a recess in the  
 16 proceedings from 5:17 p.m. to 5:19 p.m.)  
 17 \* \* \*  
 18 BY MS. DAVIDSON:  
 19 Q. When -- when Drs. O'Brien and  
 20 Wentzensen published their paper in 2021, right,  
 21 that we talked about earlier today --  
 22 A. Okay.  
 23 Q. -- in which they stated that it is  
 24 difficult to conclude that the observed  
 25 associations are causal, that was after they had

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1 received these letters to the editor and responded  
 2 to them, correct?  
 3 A. Let's see. Yeah. Yes.  
 4 MS. DAVIDSON: Okay. I don't have any  
 5 further questions.  
 6 THE WITNESS: Okay.  
 7 \* \* \*  
 8 EXAMINATION  
 9 BY MS. PARFITT:  
 10 Q. Dr. Moorman, if you would kindly refer  
 11 to Exhibit Number 17 again. It was the letter to  
 12 the editor by Dr. Harlow and Dr. Rothman.  
 13 A. Uh-huh.  
 14 Q. Do you have that in front of you?  
 15 A. Yes.  
 16 Q. All right. You were asked by counsel  
 17 with regard to the disclosures of conflicts of  
 18 interest. Would you read that into the record,  
 19 please?  
 20 A. Okay. Dr. Harlow reported publishing  
 21 research and serving as a consultant on the topic  
 22 of talc and ovarian cancer risk. No other  
 23 disclosures were reported.  
 24 Q. Okay. Does that reflect which side  
 25 Dr. Harlow was reporting a conflict of interest

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1 on?  
 2 A. It does not.  
 3 Q. Does the conflict of interest noted in  
 4 the letters to the editor mention any conflict of  
 5 interest by Kenneth Rothman?  
 6 A. It does not.  
 7 Q. Does the letter to the editor,  
 8 Exhibit 17, reflect any conflict of interest by  
 9 Eleanor Murray?  
 10 A. It does not.  
 11 MS. PARFITT: I don't have any further  
 12 questions.  
 13 (WHEREUPON, the deposition was  
 14 concluded at 5:21 p.m.)  
 15 (Signature Reserved.)  
 16  
 17  
 18  
 19  
 20  
 21  
 22  
 23  
 24  
 25

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1 DEPOSITION ERRATA SHEET  
 2  
 3 Case Caption: In Re: Johnson & Johnson Talcum  
 4 Power Products Marketing, Sales Practices, and  
 5 Products Liability Litigation  
 6  
 7 DECLARATION UNDER PENALTY OF PERJURY  
 8  
 9 I declare under penalty of perjury  
 10 that I have read the entire transcript of  
 11 my deposition taken in the captioned matter  
 12 or the same has been read to me, and the  
 13 same is true and accurate, save and except  
 14 for changes and/or corrections, if any, as  
 15 indicated by me on the DEPOSITION ERRATA  
 16 SHEET hereof, with the understanding that I  
 17 offer these changes as if still under oath.  
 18  
 19  
 20 Signed on the \_\_\_\_\_ day of  
 21 \_\_\_\_\_, 20\_\_\_\_.  
 22  
 23 \_\_\_\_\_  
 24 PATRICIA G. MOORMAN, Ph.D.  
 25

<p style="text-align: right;">Page 250</p> <p>1 DEPOSITION ERRATA SHEET</p> <p>2 Page No. _____ Line No. _____ Change to: _____</p> <p>3 _____</p> <p>4 Reason for change: _____</p> <p>5 Page No. _____ Line No. _____ Change to: _____</p> <p>6 _____</p> <p>7 Reason for change: _____</p> <p>8 Page No. _____ Line No. _____ Change to: _____</p> <p>9 _____</p> <p>10 Reason for change: _____</p> <p>11 Page No. _____ Line No. _____ Change to: _____</p> <p>12 _____</p> <p>13 Reason for change: _____</p> <p>14 Page No. _____ Line No. _____ Change to: _____</p> <p>15 _____</p> <p>16 Reason for change: _____</p> <p>17 Page No. _____ Line No. _____ Change to: _____</p> <p>18 _____</p> <p>19 Reason for change: _____</p> <p>20 Page No. _____ Line No. _____ Change to: _____</p> <p>21 _____</p> <p>22 Reason for change: _____</p> <p>23 SIGNATURE: _____ DATE: _____</p> <p>24 PATRICIA G. MOORMAN, Ph.D.</p> <p>25</p>	<p style="text-align: right;">Page 252</p> <p>1 STATE OF NORTH CAROLINA</p> <p>2 COUNTY OF CABARRUS</p> <p>3 REPORTER'S CERTIFICATE</p> <p>4 I, Cindy A. Hayden, RMR, CRR, a Notary</p> <p>5 Public, do hereby certify that there came before</p> <p>6 me on February 13, 2024, the person hereinbefore</p> <p>7 named who was by me duly sworn to testify to the</p> <p>8 truth and nothing but the truth of his or her</p> <p>9 knowledge concerning the matters in controversy in</p> <p>10 this cause; that the witness was thereupon</p> <p>11 examined under oath, the examination reduced to</p> <p>12 typewriting under my direction, and the deposition</p> <p>13 is a true record of the testimony given by the</p> <p>14 witness.</p> <p>15 I further certify that I am neither</p> <p>16 attorney or counsel for, nor related to, or</p> <p>17 employed by any attorney or counsel employed by</p> <p>18 the parties hereto or financially interested in</p> <p>19 the action.</p> <p>20 IN WITNESS WHEREOF, I have hereto set</p> <p>21 my hand this 26th day of February, 2024.</p> <p>22</p> <p>23 _____</p> <p>24 Cindy A. Hayden, Notary Public</p> <p>25 Notary Public Number 20020910053</p>
<p style="text-align: right;">Page 251</p> <p>1 DEPOSITION ERRATA SHEET</p> <p>2 Page No. _____ Line No. _____ Change to: _____</p> <p>3 _____</p> <p>4 Reason for change: _____</p> <p>5 Page No. _____ Line No. _____ Change to: _____</p> <p>6 _____</p> <p>7 Reason for change: _____</p> <p>8 Page No. _____ Line No. _____ Change to: _____</p> <p>9 _____</p> <p>10 Reason for change: _____</p> <p>11 Page No. _____ Line No. _____ Change to: _____</p> <p>12 _____</p> <p>13 Reason for change: _____</p> <p>14 Page No. _____ Line No. _____ Change to: _____</p> <p>15 _____</p> <p>16 Reason for change: _____</p> <p>17 Page No. _____ Line No. _____ Change to: _____</p> <p>18 _____</p> <p>19 Reason for change: _____</p> <p>20 Page No. _____ Line No. _____ Change to: _____</p> <p>21 _____</p> <p>22 Reason for change: _____</p> <p>23 SIGNATURE: _____ DATE: _____</p> <p>24 PATRICIA G. MOORMAN, Ph.D.</p> <p>25</p>	<p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p> <p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p> <p>65</p> <p>66</p> <p>67</p> <p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p> <p>74</p> <p>75</p> <p>76</p> <p>77</p> <p>78</p> <p>79</p> <p>80</p> <p>81</p> <p>82</p> <p>83</p> <p>84</p> <p>85</p> <p>86</p> <p>87</p> <p>88</p> <p>89</p> <p>90</p> <p>91</p> <p>92</p> <p>93</p> <p>94</p> <p>95</p> <p>96</p> <p>97</p> <p>98</p> <p>99</p> <p>100</p>

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